

V. S. No. 2
100M-5-43
Rev. 5-17-39
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15079

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 4 1945
318
STANDARD CERTIFICATE OF DEATH
1003

State File No. _____
Registrar's No. 4193

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1219 Holly Hills Bl.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1219 Holly Hills Bl.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William L. Easter
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Janie Easter
6. (c) Age of husband or wife if alive Decd. years
7. Birth date of deceased May 8th, 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 0 11 hr. min.

9. Birthplace Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business
12. Name Louis Easter
13. Birthplace Va.
(City, town, or county) (State or foreign country)
14. Maiden name Vaughn
15. Birthplace Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Calla Schatte
(b) Address 1219 Holly Hills Bl.

17. (a) Burial (b) Date thereof 5-22-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Piram Cemetery

18. (a) Signature of funeral director Provost Und. Co.
(b) Address 3710 N. Grand Bl.

19. (a) MAY 21 1945 (b) J. F. Brasel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH Month May day 19th.
year 1945 hour 12.30 minute P. M.
21. I hereby certify that I attended the deceased from July 15th
1945 to May 19th 1945
that I last saw h. im alive on May 19th, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death arterio sclerosis 5 yrs.
Coronary Thrombosis 10 days
Due to _____

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature A. N. Steiner M. D. or other _____
Address 3606 Grand Date signed 5/21/45

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Earl C. Provoost

Licensed Embalmer No. 1578

P. O. Address 3710 N. Grand Blvd

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.