

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution few hours
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME John F. Eanes

3. (b) If veteran, name war No 3. (c) Social Security No. 489-01-5894

4. Sex Male 5. Color or race Col.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Georgia Eanes
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased November 21, 1897
(Month) (Day) (Year)

8. AGE: Years 48 Months 7 Days 2
If less than one day hr. min.

9. Birthplace Albion County Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer Christy Clay Products
Industry or business Laclede Chicago Co.
Name Jim Eanes

11. Birthplace Albion County Miss.
(City, town, or county) (State or foreign country)

14. Maiden name Carrick Therrell

15. Birthplace Webster County Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant George Amara Eanes

(b) Address 1515 Baker, E. St. Louis

17. (a) General (b) Date thereof 6-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial St. Louis
cremation Ill. Park Wash. Stn.

18. (a) Signature of funeral director J. F. Bredon

(b) Address 3847 Park

19. (a) JUN 15 1946
(Date received local registry)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair
(c) City or town E. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1515 Baker
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1946 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy
Due to 8:30
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)
Means of injury _____
23. Signature W. H. Perry (M. D. or other)
Address _____ Date signed 6/13/46

MOTHER FATHER
Georgia Eanes
Jim Eanes

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

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.....

M. Frances Nash Registered Apprentice No. *394*
working under my personal supervision.

Signed.....

C. J. Nash
Licensed Embalmer No. *2732*
P. O. Address *3847 10th*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No.

State of Mo
County of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 5322

On this 26 day of June, 1946 before me appears Georgie Eames, who, upon her oath, states that the original record of birth for John F. Eames, died 6-12, 1946 in the State of Missouri and which was filed at on 19..... should be corrected as follows:

- Item No. 11 should read Legale - Christy Clay Products Co.
Instead of Beckle Packing Co.
- Item No. should read
- Instead of
- Item No. should read
- Instead of
- Item No. should read
- Instead of
- Item No. should read
- Instead of
- Item No. should read
- Instead of
- Item No. should read
- Instead of

Accepted
6/26/46

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: Georgie Eames Wife
1515 Baker St. E. St. Louis Informant
Present Address. Relationship

Subscribed and sworn to before me this 26 day of June, 1946

My Commission expires 3-4-49 Paul Calbow Notary Public:

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

21682