

FILED MAR 24 1947  
Registration District No. \_\_\_\_\_

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Jennings, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2410 a Switzer  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96  
(c) City or town Jennings 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2410 a Switzer 0  
(If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT Edward H. Eagle  
FULL NAME

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 495-22-3979

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Eleanor Fehl 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased April 9 1879  
(Month) (Day) (Year)

8. AGE: Years 67 Months 9 Days 24 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Jeweler

11. Industry or business \_\_\_\_\_

12. Name Theodore Eagle 4

13. Birthplace Germany (City, town, or county) (State or foreign country) 0

14. Maiden name Augusta Meyer 0

15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant Mrs. Myrtle Montgomery

(b) Address 7312 Lyndover Pl.

17. (a) cremation (b) Date thereof 3-7-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Alfred L. Jones

(b) Address 6175 Delmar

19. (a) 3-7-47 (b) Ruth Allen  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5  
year 1947 hour 2: minute 00 A. M.

21. I hereby certify that I attended the deceased from 3-15, 1946, to 3-3, 1947  
that I last saw him alive on 3-3, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia Duration 3 days

Due to Carcinoma Right Lung 11 mo.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

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 2

23. Signature W. Olson (M. D. or other) 0

Address 6401 West Florissant Date signed 3-5-47

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

MOTHER FATHER

W. J. C. O'Connell, S.O.  
6401 N. 2nd St. in contact with  
O'Connell 9136  
1 1/2 H P.M.

MAR 26 1947

**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 Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address 6175 Delmar

**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.**