

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15026**
4018
Registrar's No.

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri Baptist Hospital
(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)

3. (a) PRINT FULL NAME ALICE EASTMAN

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Late William L.

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 16 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>0</u>	<u>1</u>	hr. _____ min. _____

9. Birthplace Parkersburg W.-Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER

12. Name Enoch Wiseman

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

14. Maiden name Frances Bauchamp

15. Birthplace Va.
(City, town, or county) (State or foreign country)

16. (a) Informant W. R. Eastman

(b) Address 105 Hart Ave.

17. (a) Removal (Rail) (b) Date thereof 4 18 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grand Island, Neb.

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) APR 17 1947 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town W. H. White
(If outside city or town limits, write "RURAL")

(d) Street No. 5011 Hart
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 year 1947 hour 9:20 minute _____ a.m.

21. I hereby certify that I attended the deceased from April 8, 1947, to April 17, 1947.

that I last saw h. alive on April 17, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Duration _____

Due to Cancer of rectum

Due to abscess

Other conditions Colostomy
(Include pregnancy within 3 months of death)

Major findings: Cancer treatment

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? _____ Means of injury _____

23. Signature Cawhite (M. D. or other) _____

Address 634 W. Grand Date signed 4-17-47

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

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..... *Richard W. Stovesand*.....
Licensed Embalmer No..... *4007*.....
P. O. Address.....

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.