

No. 2
-12-45
5-17-39
K47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15908

FILED APR 23 1947
Registration District No. _____

Primary Registration District No. 3064

Registrar's No. 860

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ferguson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
123 Clay (South)
(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 Ferguson 6
(If outside city or town limits, write "RURAL")
(d) Street No. 123 Clay (South) 2
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Eliza Atwood Eaton

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F. 5. Color or race W.
6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Henry B. Eaton 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased July 27 1907
(Month) (Day) (Year)

8. AGE: Years 39 Months 8 Days 18 If less than one day _____ hr. _____ min. 0

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name John C. Atwood
13. Birthplace Marshall, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Georgia T. Baker
15. Birthplace Cross Keys, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Henry B. Eaton
(b) Address 123 S. Clay, Ferguson, Mo.
17. (a) burial (b) Date thereof 4-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fee Fee Cemetery
18. (a) Signature of funeral director Alexander T. Soria
(b) Address 6175 Delmar

19. (a) 4-17-47 (b) Cecilia Sharp
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1947 hour _____ minute _____ 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 self-administered carbon monoxide poisoning in her home, all burners on stove
turned on. 163 H

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:
(c) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence April 15, 1947.

(c) Where did injury occur? Ferguson, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
While at work? _____ (Specify type of place)
(e) Means of injury Asphyxia

23. Signature Arnold J. Willmann (M. D. or other) 3
Address Clayton, Mo. Date signed 4/16/47.

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..... *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.