S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 20 1947

Registration District No. 3972

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 36614

Registrar's No. 2131

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Velda Village
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6912-Parkdale Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 12 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis 96

(c) City or town: Overland 13
(If outside city or town limits, write "RURAL")

(d) Street No.: 9546-Bataan Drive 1
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME: Ralph H. Easley

3. (b) If veteran, name war: None

3. (c) Social Security No. .....

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife: Mary Ruth

6. (c) Age of husband or wife if alive: 32 years

7. Birth date of deceased: July (Month) 26 (Day) 1900 (Year)

8. AGE: Years 47 | Months 2 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace: Walshville (City, town, or county) Ill. (State or foreign country)

10. Usual occupation: Mechanic

11. Industry or business: MacDonell-Aircraft Corp.

FATHER
12. Name: Thomas H. Easley
13. Birthplace: Walshville (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name: Mary L. Smith
15. Birthplace: Walshville (City, town, or county) Ill. (State or foreign country)

16. (a) Informant: Mary Ruth Easley
(b) Address: 9546-Bataan Dr.-Overland, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 10-10-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Hillsboro, Ill.

18. (a) Signature of funeral director: Baumann Bros. Inc.
(b) Address: 2504-Woodson Rd.-Overland, Mo.

19. (a) 10-14-47 (Date received local registrar) (b) Carl A. Stark M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8 year 1947 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 14, 1947, to Oct 7, 1947, that I last saw him alive on Oct 7, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Thrombosis	5 mo.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature: C. E. Sterling (M. D. or other) MD

Address: 8050 North & South Rd. Date signed: 8 Oct 47

St Louis #14 Mo

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 Mo

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.