

FILED MAR 25 1948 318  
Registration District No.

Primary Registration District No. 1003

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17  
9

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6017 Lucille Ave  
(If not in hospital or institution; write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 34 Years  
years, months or days

3. (a) PRINT FULL NAME Rebecca Eyre

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased July 28 1884  
(Month) (Day) (Year)

8. AGE: Years 63 Months 7 Days 20 If less than one day hr. min.

9. Birthplace England 4  
(City, town, or county) (State or foreign country)

10. Usual occupation House Work

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

MOTHER FATHER { 12. Name Chas. Ball  
13. Birthplace England 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Esther Kitchen  
15. Birthplace England 4  
(City, town, or county) (State or foreign country)

16. (a) Informant William Eyre

(b) Address 6017 Lucille Ave

17. (a) Cremation (b) Date thereof 3-20-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Math. Hermenn & Son, Inc.

(b) Address 2161 E. Fair Ave.

19. (a) MAR 18 1948 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6017 Lucille Ave 9  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 8  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17  
year 1948 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 1, 1948  
\_\_\_\_\_, 19\_\_\_\_, to March 17, 1948

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver Duration 1 yr

Due to \_\_\_\_\_  
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 \_\_\_\_\_  
23. Signature James T. Cook (M. D. or other) M.D.  
Address 65536 Robin Ave Date signed 3-18-48

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**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.....

*Wilfred G. Buchholz*

....., Registered Apprentice No. *1*

working under my personal supervision.

Signed *William G. Buchholz*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis, 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.**