

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days (Specify whether
In this community 7 yrs. years, months or days)

3. (a) PRINT FULL NAME Elisah Earl Eaves
3. (b) If veteran, name war No
3. (c) Social Security No.

4. Sex M O 5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Ruth Dugan
6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased Aug. 30 1910 (Month) (Day) (Year)

8. AGE: Years 37 Months 8 Days 10 If less than one day hr. min.

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

10. Usual occupation Instructor Emerson E. Co

11. Industry or business St. Louis Mo

12. Name Elishia Milton Eaves

13. Birthplace Jefferson Co Mo (City, town, or county) (State or foreign country)

14. Maiden name Noya Stoupe

15. Birthplace Jefferson Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruth Eaves

(b) Address 2336 1/2 N. Market st

17. (a) Burial (b) Date thereof Dec 5, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation De Soto, Mo 5-14-48

18. (a) Signature of funeral director J. J. Bradeck

(b) Address 100 S. 10th St. St. Louis, Mo. (c) Registrar's signature J. J. Bradeck
19. (a) Date received MAY 10 1948 (b) (Date received) (Day) (Month) (Year)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2336 1/2 N. Market st (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 10 year 1948 hour 10 minute 45 A.M.
21. I hereby certify that I attended the deceased from April 29 1948, to May 10 1948
that I last saw him alive on May 10 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchiectasis, entire right lung. Duration

Due to Unknown cause

Due to

Other conditions Severe emaciation. (Include pregnancy within 3 months of death)

Major findings: Of operations As above.

Of autopsy None performed.

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 F. R. Bradley (M. D. number) Address Barnes Hospital, Date signed 5/10/48

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

row 179

0-2
-45
-39
47070

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

J. Lee Mothershead

Licensed Embalmer No. *3531*

P. O. Address *Lee Solo, 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.