No. 300
-10-47
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P I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38069

FILED DEC 8 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10380

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community 15 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Doo

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2935 a Lucas
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward Easter

3. (b) If veteran, name war World War II

3. (c) Social Security No.

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased Feb (Month) 12 (Day) 1925 (Year)

8. AGE: Years 23 Months 9 Days 13 If less than one day hr. min.

9. Birthplace East St. Louis (City, town, or county) Ill (State or foreign country)

10. Usual occupation Labor

11. Industry or business Vess Beverage Co.

FATHER
12. Name Hedrick Easter
13. Birthplace Unknown (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Fannie Youngblood
15. Birthplace Hickory (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant Shermon Easter
(b) Address 2935 Lucas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11. 30 48 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetary Jeff. Barricks, Mo.

18. (a) Signature of funeral director
(b) Address 1721 Coleman St. 6

19. (a) NOV 29 1948 (Date received local registrar) J. B. Rassler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25 year 1948 hour 9 minute 10 a.m.

21. I hereby certify that I attended the deceased from Nov. 22, 1948 to Nov. 25, 1948 that I last saw him alive on Nov. 25, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebro-vascular Disease with Chronic Alcoholism and Delirium Tremens	Undet.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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 Herbert J Gruwe (M. D. or other)
Address 2601 N Whittier Date signed 11/26/48

(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.....

Licensed Embalmer No. 4371

P. O. Address St. Louis 6, 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.