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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED FEB 14 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **882**

1. PLACE OF DEATH:
(a) County **St. Louis Mo**
(b) City or town **St. Louis Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Hosp = 7 A
(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)

3. (a) PRINT FULL NAME **Firman Eaton**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____
5. Color **Map**
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____
7. Birth date of deceased: **Oct 18 1870**
(Month) (Day) (Year)

8. Age at death: **79** Years Months Days If less than one day min.

9. Birthplace: **Mo** (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name **Wm F**

13. Birthplace _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (State or foreign country)

16. (a) Informant **Patrick E Taylor**

(b) Address **Anatomical Board**

17. (a) _____ (b) Date thereof **JAN 31 1949**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Anatomical Board**

18. (a) Signature of funeral director **Rowland Mortuary Service**

(b) Address **4104 Manchester Ave.**

19. (a) **JAN 31 1949** (b) **J. B. Pasaler**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3639 Delmar**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec** Day **26** Year **1948** hour **12:50** 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 _____

1. TUBERCULOSIS
2. STAPHYLOCOCCUS
3. PNEUMONIA
4. ACCIDENT
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.
Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence **Dec 26 1948**

(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)
(c) Means of injury **3**

23. Signature **J. B. Pasaler** (M.D. or other) _____

Address **1302 Cedar** Date signed **1/17/49**

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 Ralph W. Henson.....

Licensed Embalmer No. 3791.....

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.