

FILED SEP 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28002
7755

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY 1177				
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 12 yr		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		17		
d. FULL NAME OF HOSPITAL OR INSTITUTION 3541 Lafayette Ave.				d. STREET ADDRESS (If rural, give location) 3541 Lafayette Ave.				
3. NAME OF DECEASED (Type or Print) a. (First) Jesse		b. (Middle) Luther		c. (Last) Eaton		4. DATE OF DEATH (Month) (Day) (Year) 9 2 49		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH 11/27/1863		
9. AGE (In years last birthday) 85		10. UNDER 1 YEAR Months 9 Days 5		10. UNDER 28 HRS. Hours 5 Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Medical Doctor			10b. KIND OF BUSINESS OR INDUSTRY M.D.		11. BIRTHPLACE (State or foreign country) Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Dr. John A. Eaton			13b. MOTHER'S MAIDEN NAME Ollie Ramsey			14. NAME OF HUSBAND OR WIFE Mollie M. Eaton		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Claude A Eaton 32 Oak Bend Ct.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho. Pneumonia INTERVAL BETWEEN ONSET AND DEATH 1 week ANTECEDENT CAUSES DUE TO (b) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General Paralysis 8 years				
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 82				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 357X				
22. I hereby certify that I attended the deceased from 6-18 , 19 48 , to 9-2 , 19 49 , that I last saw the deceased alive on 9-2 , 19 49 , and that death occurred at 4:45 p.m., from the causes and on the date stated above.								
23a. SIGNATURE Dustin D. Kuhn M.D. (Degree or title)				23b. ADDRESS 1552 So Grand		23c. DATE SIGNED 9-3-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-4-49		24c. NAME OF CEMETERY OR CREMATORY Marion Cemetery		24d. LOCATION (City, town, or county) (State) Des Moines Mo		
DATE REC'D BY LOCAL REG. SEP 7 1949		REGISTRAR'S SIGNATURE J. B. Sasser		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Marion H. Bupp Inc - Lubwood				

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

JAN 27 1950

5822

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *Steve B. Deibrouillet*

Licensed Embalmer No. *3671*

P. O. Address *Richmond Heights, 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.