V.S. No. 300
REV. 10-48

FILED MAR 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10064

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2222

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis Mo
c. LENGTH OF STAY (in this place): 10 Da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): INCARNATE WORD HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 4511 O.M. 35
d. STREET ADDRESS (If rural, give location): 8500 Douglas Ct Brentwood

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Roxie c. (Last) Eye
4. DATE OF DEATH (Month) (Day) (Year): 3 - 9 51
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 4
8. DATE OF BIRTH: 3-12-1907
9. AGE (In years last birthday): 43 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gro Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Gro.
11. BIRTHPLACE (State or foreign country): Washington Co Mo
12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME: John A Eye
13b. MOTHER'S MAIDEN NAME: Sallie Smith
14. NAME OF HUSBAND OR WIFE: Bea Franklin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Bea Eye Hi Wife ADDRESS: Same

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Malignant Hypertension
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

May 15 1951 H. Smith

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4-45 K

22. I hereby certify that I attended the deceased from 3-1-, 1951, to 3-9-, 1951, that I last saw the deceased alive on 3-9, 1951, and that death occurred at 6 20 m., from the causes and on the date stated above.

23a. SIGNATURE: S Dworkin (Degree or title) MD
23b. ADDRESS: 1657 So Grand
23c. DATE SIGNED: 9 Mar 51
24a. BURIAL, CREMATION, REMOVAL (Specify): Remove
24b. DATE: 4 3/9/51
24c. NAME OF CEMETERY OR CREMATORY: Wood Lawn
24d. LOCATION (City, town, or county) (State): Desoto Mo
DATE REC'D BY LOCAL REG.: MAR 9 1951
REGISTRAR'S SIGNATURE: J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE: Sparks & Sparks ADDRESS: Flat River Mo

(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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed Everett Carpo

Licensed Embalmer No. 4287

P. O. Address Flat River 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.

State of ..... } ss.
County of ..... }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 10064
Local Registrar's No. 2222

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death
for John Roxie Eye, died ~~born~~ 3-9-1951, 19....., in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 8 should read 3-12-1907
Instead of 3-12-1906

Item No. 9 should read Age 43
Instead of Age 43

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Beatrice Eye Informant
Relationship.

8500 Douglass
Present Address.

Subscribed and sworn to before me this 21 day of March, 1951.

My Commission expires 3-4-53

Earl Pahlock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
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