

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14224
Registrar's No. 3857

FILED MAY 1 - 1952

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE
b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2239

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1

d. STREET ADDRESS (If rural, give location) 23 2437 S. 3rd St.

3. NAME OF DECEASED
(Type or Print) a. (First) RUSSELL b. (Middle) c. (Last) EAVES

4. DATE OF DEATH (Month) (Day) (Year) APRIL 23, 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Oct. 16, 1906

9. AGE (In years last birthday) 45
UNDER 1 YEAR Months Days # UNDER 1 MIN. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Clerk

10b. KIND OF BUSINESS OR INDUSTRY Cosmetic's

11. BIRTHPLACE (City and State or Foreign Country) Doe Run, Missouri

12. CITIZEN OF WHAT COUNTRY? U

13a. FATHER'S NAME Joseph Eaves

13b. MOTHER'S MAIDEN NAME Clara Etta Groves

14. NAME OF HUSBAND OR WIFE Mildred Eaves

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mildred Eaves 2437 S. 3rd St.

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) Toxemia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Peritonitis
DUE TO (c) Perforate gastric peptic ulcer
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

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)

21e. INJURY OCCURRED WHOLE AT WORK NOT WHOLE AT WORK

21f. HOW DID INJURY OCCUR 5401

22. I hereby certify that I attended the deceased from 4-21-52, 1952, to 4-23-52, 1952, that I last saw the deceased alive on 4-23-52, 1952, and that death occurred at 12:15 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Richard J. Sisson M.D.

23b. ADDRESS 1515 Lafayette Avenue

23c. DATE SIGNED 4-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4/25/52

24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cem

24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. APR 24 1952

REGISTRAR'S SIGNATURE J. Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CHULICK UND. CO. 1722 S. Jefferson

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Alex A. Oshinski

Licensed Embalmer No. 4143

P. O. Address 1722 S. Jeffers

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.