

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32901

State File No. ....

FILED OCT 4 1952

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		<u>2219</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3013 Easton Avenue</u>				d. STREET ADDRESS (If rural, give location) <u>3013 Easton Avenue</u>			
3. NAME OF DECEASED a. (First) <u>Lina</u> (Type or Print)			b. (Middle) _____		c. (Last) <u>Eagles</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 19, 1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>July 12, 1876</u>		9. AGE (In years last birthday) <u>76</u>	If UNDER 1 YEAR Months Days Hours Mins.	If UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Barney Taylor</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Lewis</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Eagles</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ida M. Jones</u> ADDRESS <u>1812 Bond E. St. Louis, Ill.</u>			
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) <u>Arteriosclerotic heart disease.</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gen'l Arteriosclerosis.</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma Rectum - (post op. Abdomino perineal)</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u> <u>10 yr</u>	
19a. DATE OF OPERATION <u>7-25-52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of rectum.</u>					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) _____		21f. HOW DID INJURY OCCUR? <u>154X</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						
22. I hereby certify that I attended the deceased from <u>1 July, 1952</u> , to <u>5 Sept, 1952</u> , that I last saw the deceased alive on <u>5 Sept, 1952</u> , and that death occurred at <u>3:20A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Allen P. Klippel M.D.</u> (Degree or title)				23b. ADDRESS <u>Barvard Cancer Hospital</u>		23c. DATE SIGNED <u>9/23/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 26, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington, Park Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>SEP 25 1952</u>	REGISTRAR'S SIGNATURE <u>J. C. Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. B. Krane</u>		ADDRESS <u>12217 Grand</u>		

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Darlene Swanson

Licensed Embalmer No. 4753

P. O. Address 1221 N Grand

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.