

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2735

FILED FEB 2 1954

State File No. _____
Registrar's No. **0481**

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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | State File No. _____ | | Registrar's No. 0481 | | | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE Mo. c. COUNTY _____ | | | | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) _____ | | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital | | | | e. STREET ADDRESS (If rural, give location) 4214 Blaine Ave. | | | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) ELLIS | | | b. (Middle) H. | | | c. (Last) EDDIE | | | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 16 1954 | | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Jan. 13, 1882 | | 9. AGE (In years last birthday) 72 | | 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) Watchman-Pittsburgh | | | | 10b. KIND OF BUSINESS OR INDUSTRY Erie Saw Co. | | | | 11. BIRTHPLACE (City and State or Foreign Country) Sappington, Mo. | | | 12. CITIZEN OF WHAT COUNTRY? _____ | | |
| 13a. FATHER'S NAME Henry Eddie | | | | 13b. MOTHER'S MAIDEN NAME Ophelia Pipkin | | | | 14. NAME OF HUSBAND OR WIFE Margaret E. Eddie | | | | | |
| 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 ADDRESS Margaret E. Eddie 4214 Blaine Ave. | | | | | | | |
| 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) cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) glomerulo nephritis 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 1 day | | | |
| 19a. DATE OF OPERATION no | | 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) _____ | | | | | | | | | |
| 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? 5931 | | | | | | | | | |
| 22. I hereby certify that I attended the deceased from Jan 4 - 1954 , to Jan. 15, 1954 , that I last saw the deceased alive on Jan. 15, 1954 , and that death occurred at 3:00 A. m. , from the causes and on the date stated above. | | | | | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) Harry Custer | | | | 23b. ADDRESS 607 W. Grand | | | | 23c. DATE SIGNED 1/16/54 | | | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE Jan. 18, 1954 | | 24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park | | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. | | | | | | | |
| DATE REC'D BY LOCAL REG. JAN 18 1954 | | REGISTRAR'S SIGNATURE J. Carl Smith | | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl. | | | | | | | |

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.....
Signature of Student Embalmer

Signed *William B. White*.....

Licensed Embalmer No. *429*

P. O. Address *428 So. King*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.