

FILED JUL 9 1954

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

20417
State File No.
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5565

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place) 0	c. CITY OR TOWN Richmond Heights
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri-Baptist Hosp.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
• STREET ADDRESS		(If rural, give location) 7367 Goff Ave.	

3. NAME OF DECEASED (Type or Print)	a. (First) Anna	b. (Middle) M.	c. (Last) Eaves	4. DATE OF DEATH (Month) (Day) (Year) June 20, 1954
5. SEX Female /	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 21, 1885	9. AGE (In years last birthday) 68
				IF UNDER 1 YEAR Months 7 Days 29

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Comptometer Dept.	10b. KIND OF BUSINESS OR INDUSTRY Wabash Railroad	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME John T. Kelly	13b. MOTHER'S MAIDEN NAME Mary Quinlan	14. NAME OF HUSBAND OR WIFE James Eaves	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Helen Mulroy	ADDRESS 7367 Goff Ave.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		6 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic C.V. Disease Eyes DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bilateral pleural effusion		4 weeks
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 4201
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?

22. I hereby certify that I attended the deceased from 5-4-54, 19, to 6-20-54, 19, that I last saw the deceased alive on 6-20-54, 19, and that death occurred at 6:10 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John L. Kennedy M.D. C.M. O	23b. ADDRESS 8733 Riverside	23c. DATE SIGNED 6-21-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/23/54	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. JUN 22 1954	REGISTRAR'S SIGNATURE [Signature]	2. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS 1225 Union
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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 *Melvin J. Kemp*.....

Licensed Embalmer No. *405*.....

P. O. Address *3505 Oak*.....

St. Louis 20
OWN HANDWRITING. (Fac

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.