

FILED JUL 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. 6126

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6126**1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. COUNTY \_\_\_\_\_b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (In this place)  
OR TOWN **St. Louis, Mo.** **11 Mo.** c. CITY OR TOWN **St. Louis,** d. Residence within limits of a city or incorporated town? Yes  No d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis Chronic Hosp.** STREET ADDRESS (If rural, give location) **16 3137a Cherokee,** **2169**3. NAME OF DECEASED a. (First) **Elizabeth** b. (Middle) \_\_\_\_\_ c. (Last) **Eddie** 4. DATE OF DEATH (Month) (Day) (Year) **July 5 54**5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Never Married** 8. DATE OF BIRTH **Dec. 2, 1865** 9. AGE (In years last birthday) **88** 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) **Housekeeping** 10b. KIND OF BUSINESS OR INDUSTRY **At Home** 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**13a. FATHER'S NAME **James A. Eddie** 13b. MOTHER'S MAIDEN NAME **Elizabeth Park** 14. NAME OF HUSBAND OR WIFE **None**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. **None** 17. INFORMANT'S SIGNATURE OR NAME **Maud E. Eddie - 3137a Cherokee St.** ADDRESS \_\_\_\_\_18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Generalized Arteriosclerosis** INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES **with Heart and Brain Damage**  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing 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 WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **4500**22. I hereby certify that I attended the deceased from **August 8, 19 53** to **July 5, 1954**, that I last saw the deceased alive on **July 5, 19 54** and that death occurred at **6:05 P.M.** from the causes and on the date stated above.23. SIGNATURE (Degree or title) **Palmer Duane Brindish M.D.** 23b. ADDRESS **5800 Arsenal St.** 23c. DATE SIGNED **7/5/54**24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **July 7, 1954** 24c. NAME OF CEMETERY OR CREMATORY **Eddie & Park Cemetery** 24d. LOCATION (City, town, or county) (State) **Sappington, Missouri**DATE REC'D BY LOCAL REG. **JUL 7 1954** REGISTRAR'S SIGNATURE **Carl Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **Wacker-Heldert** ADDRESS **3634 Gravois Ave.**

(Licensed Embalmer's Statement on Reverse Side)

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

10-48

**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.....

Licensed Embalmer No.....

P. O. Address.....

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.