

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39368

State File No. _____

FILED NOV 28 1956

BIRTH NO. 18499-56 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10146

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 town) St. Louis		c. LENGTH OF STAY (in this place) 206 1/2		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 1381 Arlington		STREET ADDRESS (If rural, give location) 1381 Arlington					
3. NAME OF DECEASED (Type or Print) Baby Ossie F. Eddins		a. (First) Baby Ossie		b. (Middle) F.			
c. (Last) Eddins		4. DATE OF DEATH November 2, 1956		(Month) (Day) (Year)			
5. SEX 2 Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child			
8. DATE OF BIRTH March 13, 1956		9. AGE (In years last birthday) 0		IF UNDER 1 YEAR Months 7 Days 19 IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) 0 St. Louis, Missouri			
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Samuel Eddins Jr.		13b. MOTHER'S MAIDEN NAME Marie Ferguson			
14. NAME OF HUSBAND OR WIFE		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 Mr. Samuel Eddins		ADDRESS 1381 Arlington					
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septal Pneumonia (Interstitial Pneumonitis) ANTECEDENT CAUSES 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.				INTERVAL BETWEEN ONSET AND DEATH	
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)			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:00 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE Patric J. Taylor		(Prof. or title) Coroner		23b. ADDRESS 1300 Clark			
23c. DATE SIGNED 11.7.56		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE November 8, 1956			
24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) Berkeley, Missouri					
DATE REC'D BY LOCAL REG. NOV 7 1956		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE E. P. Boone			
		ADDRESS 1221 N. Grand					

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

M. J. B. (Licensed Embalmer's Statement on Reverse Side)

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 *Clarence Brown*

Licensed Embalmer No. *4759*

P. O. Address *1221 No. 4th*

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.