

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-036964

FILED VS
INDEXED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2870

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Saint Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY ST Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy		Length of stay in 1b 2 days	c. CITY OR TOWN Berkeley		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteopathic Hospital			Inside Limits No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 9304 Velma	
3. NAME OF DECEASED (Type or print) First Bradley Middle Jay Last Eaton			4. DATE OF DEATH Month Sept. Day 29 Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-27-60	9. AGE (last birthday) Newborn	IF UNDER 1 YEAR Months 2 Days 2 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Newborn		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) Normandy, Missouri		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Paul David Eaton		13b. MOTHER'S MAIDEN NAME Ethel Joan Warden		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 Address Ethel Eaton-9304 Velma	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) deferred for post. Prenatal anoxia					INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral & Pulmonary Hemorrhage					2 days
DUE TO (c) Prematurity					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour 5:09 p.m. Month, Day, Year 9-27-60					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION 9-27-60 to 9-29-60		COUNTY	STATE
21. I attended the deceased from 5:09 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Marjorie Richardson DO			22b. ADDRESS 9553 Lakeland Rd (iv)		22c. DATE SIGNED 9-30-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept 30/60	23c. NAME OF CEMETERY OR CREMATORY St. Casius		23d. LOCATION (City, town, or county) (State) Normandy -	
24. FUNERAL DIRECTOR Guller & Kelly 7267 Natural Bldg		25. DATE RECD. BY LOCAL REG. 9-30-60		26. REGISTRAR'S SIGNATURE John C. Murphy M.D.	

BY AFFIDAVIT OF Dr. M. Richardson D. O. DOCUMENT
MEDICAL CERTIFICATION
Hemorrhage--Prematurity

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James A. Lamm

Licensed Embalmer No. 414

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.