

FILED JUL 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20412

State File No.

No. 300

10. 48

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5308**

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 township) St. Louis c. LENGTH OF STAY (If this place) 1 DAY		c. CITY OR TOWN 35		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> 4350	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hosp.		e. STREET ADDRESS (If rural, give location) 7438 Lynn Ave.			
3. NAME OF DECEASED a. (First) William b. (Middle) M. c. (Last) Eads		4. DATE OF DEATH (Month) (Day) (Year) June 11, 1954			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower 2	8. DATE OF BIRTH July 13, 1891	9. AGE (In years last birthday) 63	10. UNDER 1 YEAR Months 3 Days 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Public Service Co. Street Railway		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Vienna Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Jefferson Eads		13b. MOTHER'S MAIDEN NAME Jennie Carver	
14. NAME OF HUSBAND OR WIFE Louella Eads		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Louella Eads		ADDRESS 7438 Lynn 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dysenteria, hemorrhage ANTECEDENT CAUSES DUE TO (b) cause undetermined DUE TO (c) Hypertensive cardiovascular disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Embolus		INTERVAL BETWEEN ONSET AND DEATH 2 days	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 578X	
22. I hereby certify that I attended the deceased from July 19 54 to June 12, 19 54 , that I last saw the deceased alive on 6-11 , 19 54 , and that death occurred at 5:05 PM , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Arthur R. Frustel MD		23b. ADDRESS 18 So. Humphreys		23c. DATE SIGNED 6-14-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 15/54		24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cem. Batur & Gravan Ave Mo	
24d. LOCATION (City, town, or county) (State)		DATE REC'D BY LOCAL REG. JUN 14 1954		REGISTRAR'S SIGNATURE Carl Smith MD	
25. FUNERAL DIRECTOR'S SIGNATURE Bull-Campbell Mortuary		ADDRESS 5165 Ave			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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.....

Licensed Embalmer No. 3881

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.