

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

REV. 6-17-39 1 X19511

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **37727**
Registrar's No. **9566**

Registration District No. **791** Primary Registration District No. **1000**

1. PLACE OF DEATH: **3**
(a) County **St. Louis**
(b) City or town **St. Louis**
(c) Name of hospital or institution: **Ozanam Shelter**
(d) Length of stay: In hospital or institution _____
In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME **William C. Edlefson, 341**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White**
6. (b) Name of husband or wife **Walter C. Edlefson** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Nov. 12 1873**
(Month) (Day) (Year)

8. AGE: Years **65** Months **11** Days **27**
If less than one day hr. min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Policeman**

11. Industry or business **Edward Edlefson**

12. Name **Edward Edlefson** 18. Birthplace **Penn.**

14. Maiden name **Catherine Lang** 15. Birthplace **Pittsburg Penn.**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Wm. Edna Conner**

(b) Address **4634 Leavenworth St.**

17. (a) **Burial** (b) Date thereof **11-9-39**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethany Cemetery**
18. (a) Signature of funeral director **Cullinane Bros.**
(b) Address **1710 N. Grand Blvd.**

19. (a) **NOV 9 1939** (b) **J. F. Bredesch**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **1**
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(d) Street No. **3225 Montgomery Str.**
(e) If foreign born, how long in U.S.A. _____ years

20. DATE OF DEATH: Month **Nov** day **8** year **1939** hour **5** minute **30** M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Sclerosis**
Cardiac Myopathy
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **95** Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **Deputy Coroner** (M. D. or other) _____
Address _____ Date signed _____

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.....
....., Registered Apprentice No.....
working under my personal supervision.

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 this body is not embalmed, above space should be left blank.