V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19532

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5439

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17
9
645

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

1. PLACE OF DEATH:
(a) County
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital #1 ()
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000 17
(c) City or town St Louis 918
(If outside city or town limits, write "RURAL")
(d) Street No. 3623 Laclede
(If rural, give location)
(e) Citizen of foreign country? O (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Preston Edmiston
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Kate
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 13 (Day) 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
71	2	10	hr. min.

9. Birthplace Ill (City, town, or county) / (State or foreign country)
10. Usual occupation Stationary Fireman
11. Industry or business Retired
FATHER
12. Name John Edmiston
13. Birthplace Ill (City, town, or county) / (State or foreign country)
MOTHER
14. Maiden name Kate Park
15. Birthplace Ill (City, town, or county) / (State or foreign country)
16. (a) Informant Mrs E. Lyman
(b) Address 3319 St Vincent
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 25-19 (Month) (Day) (Year)
(c) Place: burial or cremation Olney Ill
18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette
19. (a) JUN 24 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 year 1942 hour 9 minute 30 P.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cancer of Stomach
Due to metastasis
Due to
Other conditions (Include pregnancy within 3 months of death) No
Major findings:
Of operations No
Of autopsy Pending

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Thomas F Callen (M.D. or other)
Address Deputy Coroner Date signed 6-24-42

877 (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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave

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, fact should be so stated above.