

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 318

Primary Registration District No. 7003

Registrar's No. 8514

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:
Deaconess Hospital
(If not in hospital or institution, write street number or days)
(d) Length of stay: In hospital or institution 14 days
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Edna Elizabeth Heath

3. (b) If veteran, name war _____ 3. (c) Social Security No. 495-22-3807

4. Sex Female / race White 5. Color or _____
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Clyde E. Heath 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 6 - 8 - 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 4 3 hr. min.

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

10. Usual occupation Clerk

11. Industry or business Lindbergh Motor Co.

12. Name Charles Krell

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

14. Maiden name Theresa Hodges

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Clyde E. Heath
(b) Address 7435 Lindbergh Drive

17. (a) Burial (b) Date thereof 10-14-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Truth Center Mortuary
(b) Address 4024 Lindell Boulevard
Oct 14 1942
19. (a) (Date received local registrar) (b) J. F. Bredenk (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 7435 Lindbergh Drive
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11th year 1942 hour 2:10 A.M. minute _____ M.
21. I hereby certify that I attended the deceased from Sept 25, 1942 to Oct 10, 1942
that I last saw him alive on Oct 10 - 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration _____
Due to Ruptured Common Duct
Due to Gall Stones

Other conditions 1 2/3
(Include pregnancy within 5 months of death)
Major findings:
Of operations _____
Of autopsy Fluid Inflammatory Exudate
Gall Stone Ruptured Duct. Washed/ligated

22. If death was due to external causes, fill in the following: None
(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 None
23. Signature J. F. Bredenk (M. D. or other) MD
Address 740 S.H. Date signed 10-12-42

740 S. 4th St.

8514

8514

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 John Ketter
Licensed Embalmer No. 3880

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, fact should be so stated above.