

S. No. 2
M-5-42
v. 5-17-39
X32873

38665

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN - 5 1942

Primary Registration District No. 1003

Registrar's No. 10712

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:
Bethesda Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town Desloge
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Halcie Edrington

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female Color or race White 5. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Oct. 2nd 1909
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
33 2 19 hr. min.

9. Birthplace Truman, Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Nurse

11. Industry or business Bethesda General Hospital

MOTHER FATHER { 12. Name John B. Edrington
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Jarvis
15. Birthplace Huntington W. Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Headcrath
(b) Address Desloge, Mo.

17. (a) Burial (b) Date thereof 12-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Farmington, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.

19. (a) DEC 22 1942 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21st
year 1942 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from Dec 21
1942, 1942 to Dec 21, 1942
that I last saw him aw alive on Dec 21, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction
Due to Post operative adhesions
Due to.....

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

Major findings: Removal of large loop ileum beneath adhesion
Of operations Adhesion
Of autopsy.....

Duration

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 John Stewart (M. D. or other)
Address Justin Ridge Date signed 12-22-42

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

MAR 10 1943

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..... *Albert G. Kapp*
Licensed Embalmer No..... *2971*
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.