

MAR 15 1943 318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(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 Hosp # 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution less than 24 hrs
(Specify whether
in this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St. Louis 125
(If outside city or town limits, write "RURAL") 925
(d) Street No. 1105 Chestnut St
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

George Edmister

(b) If veteran, name war

(c) Social Security No.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 1864 years
7. Birth date of deceased abt (Month) (Day) (Year)

8. AGE: Years 79 Months Days If less than one day hr. min.

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

10. Usual occupation Salesman

11. Industry or business

12. Name unknown

13. Birthplace unknown (City, town, or county) (State or foreign country) 9

14. Maiden name unknown (City, town, or county) (State or foreign country) 9

15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant James A. Fitzgerald

(b) Address 1300 Clark

17. (a) Autopsy (b) Date thereof 2-24-43 (Month) (Day) (Year)

(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. Rubin

(b) Address 3522 Rutledge

19. (a) FPD (b) J. F. Bredich (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12 year 1943 hour 6 minute 15 A.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 _____ Duration

Cerebral apoplexy

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 65

Major findings: Of operations _____

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 Alfred Perry (M. D. or other) _____

Address St. Louis Date signed 2/24/43

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

MOTHER FATHER

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, fact should be so stated above.