

FILED OCT 2 - 1943

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo
(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Charles Leo Edscorn

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

4. Sex Male 5. Color or White
Race White 6. (a) Single, widowed, married,
divorced Married

6. (b) Name of husband or wife Alice Bennett 6. (c) Age of husband or wife if
alive 65 years

7. Birth date of deceased October 6th, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 11 18 hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business Postal Clerk

12. Name Peter Edscorn

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

14. Maiden name Amelia Kaiser

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

16. (a) Informant Chas. Edscorn

(b) Address 2315 Brown Road

17. (a) Burial (b) Date thereof 9/27/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Gardens

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 6643 Clayton Road

19. (a) SEP 26 1943 (b) J J Rudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 2705 Lyndhurst Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 24
year 1943 hour 6 minute 35 P. M.

21. I hereby certify that I attended the deceased from
September 22, 1943 to September 24, 1943
that I last saw him alive on September 24, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia & shock Duration _____

Due to Sarcoma involving kidneys

Due to 5 1/2

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

Major findings:
Of operations _____

Of autopsy Confirms above

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? _____

While at work? _____ (Specify type of place)
(e) Manner of injury _____
23. Signature Walter D. Anthony (M. D. or other) _____
Address BARNES HOSPITAL Date signed 9-25-43

AUG 8 1947

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 M. Simmons*.....
Licensed Embalmer No. *4343*.....
P. O. Address..... *7415 Zephyr Pl. N.W. Washington D.C.*.....

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.