

S. No. 2
 M-543
 7. 5-17-39
 P I X36671

DEPARTMENT OF HEALTH
 BUREAU OF THE CENSUS
 FILED MAR 1 1944
 318

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
 1943

State File No. 5082
 Registrar's No. 1669

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 3275 Childress Av.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. (Specify whether
 In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County
 (c) City or town St. Louis (If outside city or town limits, write "RURAL")
 (d) Street No. 3275 Childress Av. (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Charles J. Edelman
 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 Elizabeth Edelman 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased Dec. 20 1860 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 18 year 1944 hour 5 minute 15 a.m.
 21. I hereby certify that I attended the deceased from 10/7 1937 to 2/18 1944
 that I last saw him alive on 2/12 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 1 Days 28 If less than one day hr. min.

Immediate cause of death
 Chronic Hypertension
 Due to Aneurysm 1944+
 Due to Anemia 1944+

9. Birthplace Washington D.C. (City, town, or county) (State or foreign country)
 10. Usual occupation Salesman Retired

Other conditions (Include pregnancy within 3 months of death) 93
 Major findings: Of operations
 Of autopsy
 PHYSICIAN Underline the cause to which death should be charged statistically.

11. Industry or business
 12. Name Unknown Edelman
 13. Birthplace Germany (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Frank Edelman
 (b) Address 3275 Childress Av.
 17. (a) Burial (b) Date thereof 2-21-44 (Month) (Day) (Year)
 (c) Place: burial or cremation J.M. Marcusen

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?

18. (a) Signature of funeral director J.M. Marcusen
 (b) Address 2929 S. Jefferson Av.
 19. (a) FEB 20 1944 (b) J.F. Brueck (Registrar's signature)
 (Date received local registrar)

23. Signature (M. D. or other) Date signed 2/18/44
 Address 5205 Cluffen

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.....

W E Morris

Licensed Embalmer No. 3360

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.