

FILED MAR 27 1944  
Registration District No. 231944

Primary Registration District No. 2002

Registrar's No. 664

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town University City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6820 Delmar Blvd.  
(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 Missouri (b) County St. Louis  
(c) City or town University City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6820 Delmar Blvd.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Abraham Edison  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 15  
year 1944 hour 4:30 minute a M.  
21. I hereby certify that I attended the deceased from  
Saft, 1939, to March 15, 1944  
that I last saw him alive on 3/14/44, 1944  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Wh.  
6. (a) Single, widowed, married, divorced, Widower  
(b) Name of husband or wife Sarah Edison  
(c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased unknown  
(Month) (Day) (Year)

Immediate cause of death Myocardial Insufficiency  
Due to art. Sclerosis  
Anaemia  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years about 85 Months -- Days --  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Unknown Lithuania  
(City, town, or county) (State or foreign country)

Duration yes  
yes  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation Retired  
11. Industry or business Wholesale Shoes  
12. Name unknown  
13. Birthplace Unknown Lithuania  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace Unknown Lithuania  
(City, town, or county) (State or foreign country)  
16. (a) Informant Harry Edison  
(b) Address 7434 Buckingham Dr.  
17. (a) Burial (b) Date thereof 3-16-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation B'nai Amoona Cem.  
18. (a) Signature of funeral director Herman Rindskopf  
5216 Delmar Blvd.  
(b) Address \_\_\_\_\_  
19. (a) MAR 17 1944 (b) E. J. McHarran, M.D.  
(Date of death) (Registrar's signature)

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 \_\_\_\_\_  
3. Signature Arthur E. Starn (M. D. or other)  
Address 539 N. Grand Date signed 3/15/44

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

76  
3  
5

96  
3  
5

MOTHER FATHER

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**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. *3830*.....  
P. O. Address *5216 Delmar*.....

**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.**