

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

12740

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 3925

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1wk
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
19
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 92
(d) Street No. 6232 Gravois Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joseph Edl

3. (b) If veteran, name war _____
3. (c) Social Security No. 498-03-1762

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Marguerite Summers Edl
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased Oct 11 1913
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
30 6 13 hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Beer bottler

11. Industry or business _____

MOTHER FATHER { 12. Name Adam Edl
13. Birthplace Hungary
(City, town, or county) (State or foreign country)

14. Maiden name Horn
15. Birthplace Hungary
(City, town, or county) (State or foreign country)

16. (a) Informant Marguerite Summers Edl
(b) Address 6232 Gravois Ave.

17. (a) Burial (b) Date thereof 4-27-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director John L. Ziegenhein & Sons
(b) Address 7027 Gravois Ave.

19. (a) APR 27 1944 J. F. Bredack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1944 hour 6:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from 4-17-44 1944 to 4-24-44 1944
and that death occurred on the date and hour stated above.
that I last saw him alive on 4-24 1944

Immediate cause of death Cardiac decompensation Duration
chronic passive congestion and pulmonary edema 1 week
Due to Chronic alcoholism 4 yrs

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

Major findings: _____
Of operations _____
Of autopsy Dilated heart, cirrhosis of liver, pulmonary edema, congested spleen

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? _____

Sons _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature Robert Kurth, M.D. (M. D. or other)
Address Lutheran Hospital Date signed 4-27-44

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.....

C. P. Jewell

Licensed Embalmer No. *3877*

P. O. Address *7027 Grassis*

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.