

43  
7-39  
138671

**FILED DEC 24 1946 318**

**1003**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis  
(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 3 days  
(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. 123 E. Grand Ave.,  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ERNEST Alphonse Edlich

3. (b) If veteran, name war None 3. (c) Social Security No. 495-1207305

4. Sex Male 5. Color or race White

6. (a) Single, widowed, divorced, or married Married

6. (b) Name of husband or wife Lenora Edlick 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased April 9, 1900  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7<sup>th</sup>  
year 1946 hour 12 minute 50 p.m.

21. I hereby certify that I attended the deceased from Dec. 4, 1946, to Dec. 7, 1946  
that I last saw him alive on December 7, 1946  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>46</u>	<u>7</u>	<u>28</u>	hr. _____ min. _____

Immediate cause of death Carcinoma of the lung with metastases to the brain.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

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

10. Usual occupation Resturant owner

11. Industry or business \_\_\_\_\_

12. Name Frank Edlich

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

14. Maiden name Mary Lovelying

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

Major findings: Of operations \_\_\_\_\_

Of autopsy as above

PHYSICIAN \_\_\_\_\_  
Under the cause to which death should be charged statistically.

16. (a) Informant Mrs. Lenora Edlick

(b) Address 123 E. Grand Ave.,

17. (a) Burial (b) Date thereof Dec. 10/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.,

19. (a) DEC 9 1946 (b) J. F. Brodeck  
(Date received local registrar) (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 \_\_\_\_\_

23. Signature JR Brodeck (M. D. or other) \_\_\_\_\_  
Address Barnes Hospital, Date signed 12-7-46

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

MOTHER FATHER

Dr. F.R. Bradley  
Barnes Hospital

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 *Alfred J. Doedecker*  
Licensed Embalmer No. 2663

P. O. Address 1125 Hodiament Ave.

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.