No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 16 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29881

Registration District No. 6/1

Primary Registration District No. 6076

Registrar's No. 1731

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

1. PLACE OF DEATH:

(a) County: St Louis

(b) City or town: Lemay
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 281 Lemay Ferry Rd
(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: Missour (b) County: St Louis 96

(c) City or town: Lemay 0
(If outside city or town limits, write "RURAL")

(d) Street No.: 281 Lemay Ferry Rd 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: Charles H Edinger

3. (b) If veteran, name war: —

3. (c) Social Security No.: .....

4. Sex: Male

5. Color or race: White

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

6. (b) Name ~~of husband~~ or wife .....

6. (c) Age of ~~husband or~~ wife if alive: 57 years

7. Birth date of deceased: March (Month) 1st (Day) 1875 (Year)

8. AGE: Years 72 | Months 5 | Days 7 | If less than one day ..... hr. ..... min.

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

10. Usual occupation: Retired

11. Industry or business .....

FATHER
12. Name: Philix Edinger
13. Birthplace: — (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name: Thersa Resch
15. Birthplace: Maxville (City, town, or county) Mo (State or foreign country)

16. (a) Informant: Arthur Heilitag
(b) Address: Kimmswick Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-11-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Park Lawn Cem

18. (a) Signature of funeral director: Heilitag Funeral Ser
(b) Address: Kimmswick Mo

19. (a) 8-13-47 (Date received local registrar) (b) Cecil J Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug day: 8th
year: 1947 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from May, 1947 to August 8, 1947
that I last saw ~~him~~ alive on August 8, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Apoplexy	3 mo
Stroke	
Partial Heat Exhaustion	
Due to: Hypertensive	
Heart Disease	2 years
Due to: 93	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause of 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? ..... (Specify type of place) 0
While at work? ..... (e) Means of injury .....

23. Signature: G A O'Sullivan (M. D. or other) MD
Address: 421 N. Schirmer Date signed: 8-11-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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.....Rex Campbell.....

Licensed Embalmer No.....3881.....

P. O. Address.....St. Louis Mo.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.