

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

FILED FEB 20 1948

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1207

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..... **DePaul Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

3. (a) PRINT FULL NAME..... **Edward A. Medler Sr.**

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex..... **M.** 5. Color or race..... **W.**
6. (a) Single, widowed, married, divorced..... **Widowed**
6. (b) Name of husband or wife..... **Anna Medler**
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... **November 4, 1869**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 3 0 hr. min.

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

10. Usual occupation..... **Pharmacist**

11. Industry or business:

MOTHER FATHER

12. Name..... **Martin Medler**
13. Birthplace..... **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Anna Unknown**
15. Birthplace..... **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mr. Edward A. Medler Jr.**
(b) Address..... **4577 Athlone Ave.**

17. (a) Burial (b) Date thereof..... **2-6-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Parlory**

18. (a) Signature of funeral director..... **Arthur Houelle**
(b) Address..... **3840 Lindell Blvd.**

19. (a) **FEB 5 1948** (b) **J. F. Breder**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County..... **000**
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No..... **4118 W. Florissant Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb. 4th.** day **20** year **1948** hour **8** minute **20** P. M.

21. I hereby certify that I attended the deceased from **Jan 6 1948** to **Feb 4 1948** that I last saw him alive on **2-6-48** and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to..... **Myelogenous leukemia**

Due to..... **Leukemia's metastasis**

Other conditions (include pregnancy within 3 months of death)..... **7/4**

Major findings: Of operations..... **operated 2-6-48**
Of autopsy..... **examination extended myelogenous leukemia**

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)

While at work?..... (e) Means of injury.....
23. Signature..... **J. F. Breder** (M. D. or other)
Address..... **639 N. 9th** Date signed..... **Feb 6 1948**

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.H. Vanmatre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.