

FILED MAY 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. T. J. ...
4952 Maryland Ave
St. Louis 8, Mo
79979
70 2910
State File No.
Registrar's No. 1069

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

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 2002		Registrar's No. 1069	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived, or if institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>University City</u>		c. LENGTH OF STAY (In this place) <u>Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>University City</u>		d. STREET ADDRESS (If rural, give location) <u>7338 Dorset</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>7338 Dorset</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edick</u> b. (Middle) <u>R.</u> c. (Last) <u>Julyan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 29-1949</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>		8. DATE OF BIRTH <u>March 8-1910</u>	
9. AGE (In years last birthday) <u>39</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Kans. 1</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>J. M. Roy</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Overton</u>		14. NAME OF HUSBAND OR WIFE <u>Claudius Julyan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Claudius Julyan 7338 Dorset</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sub arachnoid hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diffuse metastases to hemorrhagic manifestations.</u> DUE TO (c) <u>Carcinoma, undiagnosed site</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>199K</u>				INTERVAL BETWEEN ONSET AND DEATH <u>36 hours</u> <u>6 months</u> <u>6 months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>199K</u> <u>SSA</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 6, 1949</u> , to <u>April 29, 1949</u> , that I last saw the deceased alive on <u>April 29, 1949</u> , and that death occurred at <u>12:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Helen Ely</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>4952 Maryland Ave</u>		23c. DATE SIGNED <u>April 30, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>May 2-</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>	
DATE REC'D BY LOCAL REG. <u>4-30-49</u>		REGISTRAR'S SIGNATURE <u>Harold L. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Louis H. Bopp Inc</u> <u>Kirkwood</u>			

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

St. B. Dubouillet

.....
Student Embalmer

Licensed Embalmer No. *3691*

P. O. Address *Richmond Heights, Mo*

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.