

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35092

State File No. _____

Registrar's No. 8995

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8995	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. In institution: residence before admission). a. STATE Mo b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS Remy			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4245 VIRGINIA AV.				d. STREET ADDRESS (If rural, give location) 326 LITTLE BROADWAY			
3. NAME OF DECEASED (Type or Print) a. (First) FRANK		b. (Middle) E.		c. (Last) EDOM.		4. DATE OF DEATH (Month) (Day) (Year) OCT. 17-1949	
5. SEX MALE		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER 2		8. DATE OF BIRTH JAN 15-1894	
9. AGE (In years last birthday) 55 1/2		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) QUARD NATIONAL LEAD CO		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) ST. LOUIS MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME FRANK EDOM.		13b. MOTHER'S MAIDEN NAME PHILEPENA SEIFRIED		14. NAME OF _____ OR WIFE AMANDA EDOM.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS FRANK EDOM JR 365 LITTLE BROADWAY			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic nephritis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) 131			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 572X			
22. I hereby certify that I attended the deceased from 10/3 , 19 49 , to 10/17 , 19 49 , that I last saw the deceased alive on 10/17 , 19 49 , and that death occurred at 7 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. Clever D.C.				23b. ADDRESS 4245 Virginia		23c. DATE SIGNED 10/18/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT. 20-49		24c. NAME OF CEMETERY OR CREMATORY NEW ST. MARCUS CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.	
DATE REC'D BY LOCAL REG. OCT 19 1949		REGISTRAR'S SIGNATURE J. B. Pasart		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schuur 3125 Lafayette Av			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

17
19

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

Joseph Vollmer

Licensed Embalmer No. 41014

P. O. Address 3125 Polk Ave

Signed.....
Student Embalmer

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.