

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 3 1950

1127

BIRTH NO. 23186-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. 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) OR TOWN <u>ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Florissant</u> <u>4090</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St Louis Children's</u>		d. STREET ADDRESS (If rural, give location) <u>1505 E. Duchesne</u>	
3. NAME OF DECEASED a. (First) (Type or Print) <u>David</u>		b. (Middle) <u>Morris</u>	
c. (Last) <u>Ed</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2</u> <u>4</u> <u>50</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>Dec. 15, 1949</u>
9. AGE (In years last birthday) <u>1</u>	IF UNDER 1 YEAR Months <u>20</u>	IF UNDER 1 YEAR Days <u>1</u>	IF UNDER 1 HRS. Hours <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>Nitel</u>	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Morris L. Ed</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Ann Burk</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>M. L. Ed. Florissant, Mo.</u>		ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital heart disease - interventricular septal defect; patent foramen ovale;</u> ANTECEDENT CAUSES <u>patent foramen ovale</u> DUE TO (b) <u>patent foramen ovale</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>7543</u>	
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?			
22. I hereby certify that I attended the deceased from <u>1-11</u> , 19 <u>50</u> , to <u>2-4</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2-4</u> , 19 <u>50</u> , and that death occurred at <u>6</u> -A.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm. G. Klingberg MD</u> (Degree or title)		23b. ADDRESS <u>St. Louis, Mo.</u>	
23c. DATE SIGNED <u>2/4/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	
24b. DATE <u>2/6/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>MOLINE, ILL.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home, Moline, Ill.</u>	
DATE REC'D BY LOCAL REG. <u>FEB 6 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Pasato</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home, Moline, Ill.</u>		ADDRESS	

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

1127

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.

Student
Student Embalmer

Signed

L. M. White

Licensed Embalmer No. *3973*

P. O. Address *Ferguson, 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.