

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4464 Registrar's No. 2128

1. PLACE OF DEATH a. COUNTY <b>ST LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>OVERLAND</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>23 TOWN OVERLAND 4231</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>10300 LACKLAND</b>		d. STREET ADDRESS (If rural, give location) <b>10315 NIBLIC</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>DAVID</b> b. (Middle) <b>WILLIAM</b> c. (Last) <b>EDDENS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT 7 1950</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAY 23 1902</b>	9. AGE (In years last birthday) <b>48</b>	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STORE MANAGER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>DIARK PAINT</b>	11. BIRTHPLACE (State or foreign country) <b>ST CHARLES MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>CHARLES EDWARD EDDENS</b>	13b. MOTHER'S MAIDEN NAME <b>LAURA LOUISE ROHRKASTE</b>	14. NAME OF HUSBAND OR WIFE <b>MABEL EDDENS</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>494-09-6056</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MABEL EDDENS</b>	ADDRESS <b>10315 NIBLIC</b>
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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		INTERVAL BETWEEN ONSET AND DEATH  <b>unk</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>cause unknown</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>7955</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Herbert R. Donke MD</b> (Degree or title) <b>Local Registrar of Vital Statistics</b>	23b. ADDRESS <b>651 South Brentwood Boulevard</b>	23c. DATE SIGNED <b>9/8/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>SEPT 9 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MOUNT LEBANON</b>	24d. LOCATION (City, town, or county) (State) <b>TATTONVILLE MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>9-8-50</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Donke MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>GAUMANN BROTHERS</b>	ADDRESS <b>OVERLAND MO</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 3454

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed

*David E. Gibson*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3454

P. O. Address Overland 147m

**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.**