

FILE FEB 16 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6040

BIRTH NO. 68432-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 687

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
c. LENGTH OF STAY (In this place) life

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2739

d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to City Hosp. #1

e. STREET ADDRESS (If rural, give location) 1721 So. 11th Street

3. NAME OF DECEASED
a. (First) JOSEPH
b. (Middle) M
c. (Last) EDMOND

4. DATE OF DEATH (Month) (Day) (Year) January 20, 1951

5. SEX M U W

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S O

8. DATE OF BIRTH Oct. 1950

9. AGE (In years last birthday) 8
UNDER 1 YEAR Months Days
UNDER 18 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) St. Louis, Missouri 0

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Walter Edmond

13b. MOTHER'S MAIDEN NAME Marie Arena

14. NAME OF HUSBAND OR WIFE

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 Walter Edmond 1721 So. 11th Street

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Suffered
DUE TO (c) Heart Disease
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 75 ft

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 10:14 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

23b. ADDRESS 1300 Clark

23c. DATE SIGNED 1/23/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1-23-51

24c. NAME OF CEMETERY OR CREMATORY Mount Hope

24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

DATE REC'D BY LOCAL REG. REG. JAN 23 1951

REGISTRAR'S SIGNATURE R. B. [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin's 2501 Lafayette Avenue

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

3
25

Coroner

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.....

N. G. Farns

Signed.....

Student Embalmer

Licensed Embalmer No. *3384*

P. O. Address *St Louis*

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.