S. No. 300
v. 10-48

FILED MAR 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6883

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 559

4002
1

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

1. PLACE OF DEATH
a. COUNTY: St. Louis County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (in this place): 6 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6450 Cecil Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Louis County
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 46 Clayton 4462
d. STREET ADDRESS (If rural, give location): 6450 Cecil Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Mark
b. (Middle): AARON
c. (Last): Edison

4. DATE OF DEATH (Month) (Day) (Year): March 2 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed ?
8. DATE OF BIRTH: Sept 15, 1895
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Business Executive
10b. KIND OF BUSINESS OR INDUSTRY: Shoe Chain Stores
11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: Abraham Edison
13b. MOTHER'S MAIDEN NAME: Sarah Halle
14. NAME OF HUSBAND OR WIFE: Ida Edison (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 489-01-0698
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Evelyn Newman 6450 Cecil

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): Monocytic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 14 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): None
DUE TO (c): None

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: — 2042
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
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): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* December, 1949, *to* March 2, 1951, *that I last saw the deceased alive on* March 1, 1951, *and that death occurred at* 2 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl V. Moore M.O.
23b. ADDRESS: 600 So. Kingshighway St. Louis Mo.
23c. DATE SIGNED: Mar 2, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/4/51
24c. NAME OF CEMETERY OR CREMATORY: Mt. Sinai
24d. LOCATION (City, town, or county) (State): St Louis County

DATE REC'D BY LOCAL REG.: 3-2-51
REGISTRAR'S SIGNATURE: Herbert R Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Mayer 4356 Lindell

RWR (Licensed Embalmer's Statement on Reverse Side)

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 John J. Haines

Signed.....
Student Embalmer

Licensed Embalmer No. 4408

P. O. Address St. Louis 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.