

FILED JUL 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24519

State File No. 6434

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		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 _____			
b. CITY (If outside corporate limits, with RURAL and give township) OR TOWN <u>St. Louis 223</u>				c. CITY (If outside corporate limits, with RURAL and give township) 223-9 TOWN <u>St. Louis</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>20. S. 22nd St.</u>				d. STREET ADDRESS (If rural, give location) <u>20. S. 22nd St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Dan</u>		b. (Middle) <u>Stanford</u>		c. (Last) <u>Edmonds</u>	
4. DATE OF DEATH		(Month) <u>6</u>		(Day) <u>29</u>		(Year) <u>51</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unm.</u>	8. DATE OF BIRTH <u>Apr. 1868</u>	9. AGE (In years last birthday) <u>83</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unm.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>unm.</u>		11. BIRTHPLACE (State or foreign country) <u>unm.</u>		12. CITIZEN OF WHAT COUNTRY? <u>9</u>	
13a. FATHER'S NAME <u>unm.</u>		13b. MOTHER'S MAIDEN NAME <u>unm.</u>		14. NAME OF HUSBAND OR WIFE <u>unm.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unm.</u>		16. SOCIAL SECURITY NO. <u>unm.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. E. Sawyer</u> ADDRESS <u>300 Clark</u>			
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 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) <u>Chronic Endocarditis</u> DUE TO (c) <u>Cirrhosis of Liver</u> 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 <u>M. M. A.</u>				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) _____		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? <u>581.0</u>					
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 _____ from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph M. Quinn</u> (Print or title)				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>7/10/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>JUL 19 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anderson</u>		24d. LOCATION (City, town, or county) _____ (State) _____	
DATE REC'D BY LOCAL _____		REGISTRAR'S SIGNATURE <u>J. B. Foster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service Inc.</u> ADDRESS <u>4124 Manchester Ave. St. Louis 10, Mo.</u>			

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 _____

Students of Mortuary College Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *James G. Summers*

Licensed Embalmer No. *4142*

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.