

10.300  
0.40

FILED MAR 19 1952

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

State File No. 10882

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 415

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Clayton		c. CITY (If outside corporate limits, write RURAL and give township) 48 TOWN Richmond Heights 4485	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital		d. STREET ADDRESS (If rural, give location) 7458 Williams Avenue	

3. NAME OF DECEASED (Type or Print) STUART			a. (First)			b. (Middle)			c. (Last) EDMONDSON			4. DATE OF DEATH (Month) (Day) (Year) 2 15 52				
5. SEX male 17		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1		8. DATE OF BIRTH Sept. 2, 1878			9. AGE (In years last birthday) 73		10. UNDER 1 YEAR Days 5		11. UNDER 1 YEAR Hours 13		12. UNDER 1 YEAR Mln.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Bridgeport, Illinois /				12. CITIZEN OF WHAT COUNTRY? USA				

13a. FATHER'S NAME John Edmondson			13b. MOTHER'S MAIDEN NAME Ellen Shrader			14. NAME OF HUSBAND OR WIFE Maude Edmondson					
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. none			17. INFORMANT'S SIGNATURE OR NAME Maude Edmondson-7458 Williams Avenue			ADDRESS		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intracerebral Hemorrhage.</u>									
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>									
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									

19a. DATE OF OPERATION 2/14/52		19b. MAJOR FINDINGS OF OPERATION Depressed <del>brain</del> cerebral hemisphere <u>Bloody fluid.</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)		331X			
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 2-7-1952, to 2-15-1952, that I last saw the deceased alive on 2-15-1952, and that death occurred at 12:25 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ernest H. Scheyer, M.D.			23b. ADDRESS 601 S. Brentwood, Clayton 5, Mo.			23c. DATE SIGNED 2-16-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial 17		24b. DATE 2-18-52		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri			

DATE REC'D BY LOCAL REG. 2-18-52		REGISTRAR'S SIGNATURE Herbert R. Donke MD			25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons-7233 Delmar Blvd.,			ADDRESS		
-------------------------------------	--	--	--	--	--	--	--	---------	--	--

SC (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Arnold W. Schoene*

Signed.....

Student Embalmer

Licensed Embalmer No. *3864*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.