S. No. 300
V. 10.48

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FILED MAY 5 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13942

State File No.

BIRTH NO. REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 3058 Registrar's No. 83

1. PLACE OF DEATH
a. COUNTY: St Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Charles
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 314 No. Kingshighway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Charles 0723
d. STREET ADDRESS (If rural, give location): 314 No. Kingshighway

3. NAME OF DECEASED (Type or Print): a. (First) Robert b. (Middle) E c. (Last) Edler Jr
4. DATE OF DEATH (Month) (Day) (Year): April 28 1952
5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0
8. DATE OF BIRTH: Jan 31 1943
9. AGE (In years last birthday): 9 — IF UNDER 1 YEAR: Months 2 Days 28 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (State or foreign country): Mexico Mo 0
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Robert E Edler Sr
13b. MOTHER'S MAIDEN NAME: Sue Bishop
14. NAME OF HUSBAND OR WIFE: — — — —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Robert E Edler Sr St Charles Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Wilms' tumor of left kidney with generalized Metastasis to entire body. — INTERVAL BETWEEN ONSET AND DEATH: 9 months

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.*

19a. DATE OF OPERATION: August 51
19b. MAJOR FINDINGS OF OPERATION: 18CX
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) 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* 12-5-51, *19*___, *to* 4-28-52, *19*___, *that I last saw the deceased alive on* 4-28, *19*52, *and that death occurred at* 3:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D.
23b. ADDRESS: 114 N. Main St., St. Charles
23c. DATE SIGNED: 4-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 30 1952
24c. NAME OF CEMETERY OR CREMATORY: New Florence
24d. LOCATION (City, town, or county) (State): New Florence Mo

DATE REC'D BY LOCAL REG.: 4-30-52
REGISTRAR'S SIGNATURE: Fannie Hamilton 284-1
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Hackmann Bros St Charles Mo

(Licensed Embalmer's Statement on Reverse Side)

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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed Charles J. Mache

Licensed Embalmer No. 4530

P. O. Address St. Charles, 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.