

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44075

State File No.

No. 300
10-48

FILED JAN 8 1952
BIRTH NO.

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 3356

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) OR TOWN Wellston		c. LENGTH OF STAY (in this place) 5 yrs.	
c. FULL NAME OF HOSPITAL OR INSTITUTION 1534 Lulu Ave.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellston	
		d. STREET ADDRESS (If rural, give location) 1534 Lulu	

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) Deadrick c. (Last) Deadrick			4. DATE OF DEATH (Month) (Day) (Year) Dec. 30, 1952			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Oct. 3, 1864	9. AGE (In years last birthday) 88	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) Money Clerk		10b. KIND OF BUSINESS OR INDUSTRY Railway Express		11. BIRTHPLACE (State or foreign country) Nashville, Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Sarah Lyons		14. NAME OF HUSBAND OR WIFE Mary	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Bess Evans, 1534 Lulu Ave. ADDRESS	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Decompensation DUE TO (c) Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 1 week
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Smoking				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?	

22. I hereby certify that I attended the deceased from 5-25, 1952, to 12-30, 1952, that I last saw the deceased alive on 12-29, 1952, and that death occurred at 5:24 p.m., from the causes and on the date stated above.

23a. SIGNATURE H. M. W. Witten (Degree or title) REG		23b. ADDRESS 6870 Page		23c. DATE SIGNED 12-31-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-2-52		24c. NAME OF CEMETERY OR CREMATORY Calvary	
				24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	

DATE REC'D BY LOCAL REG. 12-31-52		REGISTRAR'S SIGNATURE H. M. W. Witten		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington Blvd. ADDRESS	
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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

John M. Bentley

Licensed Embalmer No.

3653

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.