

FILED FEB 3 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2895

State File No.

318

1003

0791

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>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST Louis</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST Louis 2109</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3643 A Dodier ST</u>				d. STREET ADDRESS (If rural, give location) <u>10 3643 A Dodier</u>			
3. NAME OF DECEASED (Type or Print) <u>EDNA</u>		a. (First)		b. (Middle) <u>BROOKS</u>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>1-22-1953</u>							
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>5-21-1896</u>	
9. AGE (In years last birthday) <u>56</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Geo. Vount</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>FRANK</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm Wilkinson</u>		ADDRESS <u>3643 A Dodier ST</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chloral Hydrate</u> ANTECEDENT CAUSES <u>Chronic Emphysema</u> DUE TO (b) <u>Acute Bronchitis</u> DUE TO (c) <u>Acute Bronchitis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute Bronchitis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u> <u>2 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>410X</u>			
22. I hereby certify that I attended the deceased from <u>7/5</u> , 19 <u>48</u> , to <u>1/22</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1/22</u> , 19 <u>53</u> , and that death occurred at <u>7:45</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Am Kroll</u> (Degree or title)				23b. ADDRESS <u>2416 24 Grand</u>		23c. DATE SIGNED <u>1/23/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>1-24-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Leadwood</u>		24d. LOCATION (City, town, or county) (State) <u>Leadwood MO</u>	
DATE REC'D BY LOCAL REG. <u>JAN 23 1953</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Kroll & Co</u>		ADDRESS <u>2707 N. Grand</u>	

(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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed M. W. Ruter

Licensed Embalmer No. 4865

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.