

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

12004

State File No. ....

FILED MAR 18 1953

2286

BIRTH NO. .... REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. ....

<b>1. PLACE OF DEATH</b> a. 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)  d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>D.O.A. City Hospital</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> d. STREET ADDRESS (If rural, give location) <u>22 1205<sup>4</sup> Chouteau</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) <u>Edward</u> a. (First) <u>Edward</u> b. (Middle) c. (Last) <u>Menneth</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>2-26-53</u>	
<b>5. SEX</b> <u>male</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>divorced 3</u>	<b>8. DATE OF BIRTH</b> <u>unknown</u>
<b>9. AGE</b> (In years last birthday) <u>about 56?</u> IF UNDER 1 YEAR: Months Days IF UNDER 6 HRS.: Hours Mins.		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Canneton, Ind.</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>book keeper</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>grocery</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>		<b>13a. FATHER'S NAME</b> <u>unknown</u>	
<b>13b. MOTHER'S MAIDEN NAME</b> <u>unknown</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>unknown</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> <u>unknown</u>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Melody McGilley Eylar F. H.</u>			
<b>MEDICAL CERTIFICATION</b>			
<b>18. CAUSE OF DEATH</b> 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.  <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Myocardial Infarction</u>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR</b> <u>4201</u>			
<b>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 <u>1040 P.M.</u>, from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <u>Patrick E Taylor</u> (Degree or title)		<b>23b. ADDRESS</b> <u>1300 Clark</u>	
<b>23c. DATE SIGNED</b> <u>2-26-53</u>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>removal</u>		<b>24b. DATE</b> <u>2-26-53</u>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Kansas City, Mo.</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>28 1953</u>		<b>REGISTRAR'S SIGNATURE</b> <u>J. C. Smith</u>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Melody McGilley Eylar</u>		<b>ADDRESS</b> <u>Kansas City, Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

12:  
4-27

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.