

FILED AUG 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 30028
7088

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give township) St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY St. Clair c. CITY (If outside corporate limits, write RURAL and give township) East St. Louis 18/20 8			
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros				d. STREET ADDRESS (If rural, give location) 543 N. 18th. St.			
3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) O c. (Last) Hancock			4. DATE OF DEATH (Month) (Day) (Year) July 19, 1953				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 24, 1868	
9. AGE (In years last birthday) 84		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY R.R. Conductor		9. AGE (In years last birthday) Months Days	
11. BIRTHPLACE (State or foreign country) Kesswick, Va /				12. CITIZEN OF WHAT COUNTRY? U.S.A			
13a. FATHER'S NAME not known			13b. MOTHER'S MAIDEN NAME not known			14. NAME OF HUSBAND OR WIFE Viola Hancock	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Ed Hancock ADDRESS East St. Louis, Ill			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema and uremia and arteriosclerotic heart disease with decompensation DUE TO (b) DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH 2 days Few yrs.
18. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
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) 420.0			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 _____, 1950 to 7/19, 1953 that I last saw the deceased alive on 7/19, 1953 and that death occurred at 2 P. m., from the causes and on the date stated above.							
23a. SIGNATURE Michael O. M.D.				23b. ADDRESS Arcade Bldg., St. Louis, Mo		23c. DATE SIGNED July 20, '53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 22, 1953	24c. NAME OF CEMETERY OR CREMATORY Valhalla		24d. LOCATION (City, town, or county) (State) Belleville, Ill		
DATE REC'D BY LOCAL REG. JUL 20 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Chas M. Burke ADDRESS East St. Louis			

S. P. (Licensed Embalmer's Statement on Reverse Side)

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.....

Chas M. Ben

Signed.....
Student Embalmer

Licensed Embalmer No. *2421*

P. O. Address *East St Louis*

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.