

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37844**

FILED NOV 6 - 1953

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **548** Registrar's No. **2619**

1. PLACE OF DEATH a. COUNTY ST Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Edwardsville	
c. LENGTH OF STAY (In this place) 8 1/2 months		8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION Glenwood Sanatorium		d. STREET ADDRESS (If rural, give location) 708 ST Louis Ave	
3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) West c. (Last) Hadley		4. DATE OF DEATH (Month) (Day) (Year) October 7, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH March 8, 1886
9. AGE (In years) 67 <small>last birthday</small>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	
11. BIRTHPLACE (State or foreign country) Edwardsville, Illinois		12. CITIZEN OF WHAT COUNTRY? Yes	
13a. FATHER'S NAME W F L Hadley		13b. MOTHER'S MAIDEN NAME Mary West Hadley	
14. NAME OF HUSBAND OR WIFE NONE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Stella N. Amador ADDRESS 1115 1/2 Parkwood	
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) Cancer of kidney and bladder ANTECEDENT CAUSES DUE TO (b) schizophrenia DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. schizophrenia	
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) (Minute)		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 March 19 52 , to Oct. 6 , 1953, that I last saw the deceased alive on Oct. 6 , 1953, and that death occurred at 6:20 a.m. , from the causes and on the date stated above.	
23a. SIGNATURE J. R. Koop (Degree or title) M.D.		23b. ADDRESS Glenwood Sanatorium	
23c. DATE SIGNED Oct. 7, 53		23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo	
24a. BURIAL, CREMATION, REMOVAL (Specify) cremation		24b. DATE 10-8-53	
24c. NAME OF CEMETERY OR CREMATORY Valhalla cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo	
DATE REC'D BY LOCAL REG. 10/8/53		REGISTRAR'S SIGNATURE Herbert B. Stork	
25. FUNERAL DIRECTOR'S SIGNATURE W. H. Bopp		ADDRESS 1214 E. Kirkwood 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

Not Embalmed

Signed *Felix Hernandez*

Licensed Embalmer No. *3034*

P. O. Address *Rutwood 23 Yno*

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.