

FILED APR 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12948**

BIRTH NO. _____ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **44**

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 201 Washington St.		d. STREET ADDRESS (If rural, give location) 2847 Pestolozzi St.	

3. NAME OF DECEASED (Type or Print) a. (First) Daniel	b. (Middle) Edward C.	c. (Last) Null	4. DATE OF DEATH (Month) (Day) (Year) April 16, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 26, 1910	9. AGE (In years last birthday) 43	IF UNDER 1 YEAR 9 Months 28 Days	IF UNDER 24 HRS. 0 Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brewery worker	10b. KIND OF BUSINESS OR INDUSTRY Brewery	11. BIRTHPLACE (State or foreign country) (?) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Elzy Null	13b. MOTHER'S MAIDEN NAME Lilly (?)	14. NAME OF HUSBAND OR WIFE Mary Null
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. WW # 2 498-09-1117	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Null ADDRESS 2847 Pestolozzi St. St. Louis, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 10 min.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) prev. atherosclerosis prev. surgery (abdomen) - 2 weeks prior to death DUE TO (c) _____		
	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"/>
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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)
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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?
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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 **3:25** a.m., from the causes and on the date stated above.

23a. SIGNATURE John H. Middleton M.D. (Degree or title)	23b. ADDRESS Louisiana, Mo.	23c. DATE SIGNED 4/16/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 20/54	24c. NAME OF CEMETERY OR CREMATORY St. Peters & Paul Cem.	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE READ BY LOCAL REGISTRAR'S SIGNATURE April 16, 1954 St. Bernice Callier	FUNERAL DIRECTOR'S SIGNATURE George O. Wagner ADDRESS Louisiana, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 23 1951
MAY 6 1951

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, GLBY

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed George O Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.