S. No. 300
. 10.48

FILED AUG 11 1954

# STANDARD CERTIFICATE OF DEATH

State File No. 25666

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1862

**1. PLACE OF DEATH**
a. COUNTY: St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RICHMOND HEIGHTS
c. LENGTH OF STAY (in this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Mary's (Clayton Ave)

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission):
a. STATE: Missouri 476
b. COUNTY: St Louis
c. CITY OR TOWN: VALLEY PARK
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Hy 66 - RR#2 - Box 668 Valley Park

**3. NAME OF DECEASED** (Type or Print): a. (First) EDNA b. (Middle) ANNA c. (Last) GEDERS

**4. DATE OF DEATH** (Month) 7 (Day) 29 (Year) 54

**5. SEX**: FEMALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: 8-3-1887
**9. AGE** (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**: Home
**11. BIRTHPLACE** (City and State or Foreign Country): St Louis Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Edward Koehler
**13b. MOTHER'S MAIDEN NAME**: Mary Wagner
**14. NAME OF HUSBAND OR WIFE**: Herman J GEDERS

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no (If yes, give war or dates of service): none
**16. SOCIAL SECURITY NO.**: none
**17. INFORMANT'S SIGNATURE OR NAME**: Herman J Geders RR2 Box 668 Valley Park Mo

**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, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension Cardio Vas. Dis — Unknown
DUE TO (c) Arteriosclerosis — Year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
none

**19a. DATE OF OPERATION**: none
**19b. MAJOR FINDINGS OF OPERATION**: none 443X
**20. AUTOPSY?** YES ☒ NO ☐

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): none
**21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**: none
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): none m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☒
**21f. HOW DID INJURY OCCUR?**: none

22. *I hereby certify that I attended the deceased from* 7/27, 1954, *to* 7/29, 1954, *that I last saw the deceased alive on* 7/28, 1954, *and that death occurred at* 12:05 a.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Wellie C Kuhn MD
**23b. ADDRESS**: 4761 Lindell
**23c. DATE SIGNED**: 7/29/54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: August 2, 1954
**24c. NAME OF CEMETERY OR CREMATORY**: Sacred Heart
**24d. LOCATION** (City, town, or county) (State): Valley Park, Mo

**DATE REC'D BY LOCAL REG.**: 7-30-54
**REGISTRAR'S SIGNATURE**: Herbert R. Domke M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE**: Leo H. Fuser
**ADDRESS**: Fenton, Mo

52W (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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Daniel J. Mahn

Licensed Embalmer No. 432

P. O. Address Devoto, Mi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.