

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5901

State File No.

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051 Registrar's No. 57

1. PLACE OF DEATH
a. COUNTY St. Charles
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)
a. STATE Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles c. LENGTH OF STAY (in this place) 28 Years
c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Very No

d. FULL NAME OF HOSPITAL OR INSTITUTION: Evangelical Emmaus Home
e. STREET ADDRESS (If rural, give location) 4129 Delmar 2199

3. NAME OF DECEASED a. (First) GRACE b. (Middle) _____ c. (Last) EDGAR
4. DATE OF DEATH February 19, 1955

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH April 28, 1883 9. AGE (in years last birthday) 71 10 Months 10 Days 9 If UNDER 1 YEAR Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and State or Foreign Country) Crawford County, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Tom Harris 13b. MOTHER'S MAIDEN NAME Josephine Ives 14. NAME OF HUSBAND OR WIFE Louis P. Edgar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Theophil Stoerker ADDRESS St. Charles, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic Heart Disease INTERVAL BETWEEN ONSET AND DEATH 2 yr

ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Epilepsy, burn over 1/3 body, 20 yrs 9 months

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 4200 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.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Oct, 1954, to Feb, 1955, that I last saw the deceased alive on Feb 8, 1955, and that death occurred at 2:00A m., from the causes and on the date stated above.

23a. SIGNATURE William H Poggemeier MD (Degree or title) 23b. ADDRESS St Charles Mo 23c. DATE SIGNED Feb 19 1955

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE Feb. 19, 1955 24c. NAME OF CEMETERY OR CREMATORY City Cemetery 24d. LOCATION (City, town, or county) (State) St Louis Mo

DATE REC'D BY LOCAL REG. Feb 19 1955 REGISTRAR'S SIGNATURE Travis 25. FUNERAL DIRECTOR'S SIGNATURE Paul D. ... ADDRESS _____

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.....
Signature of Student Embalmer

Signed.....
Clarence M. Bills

Licensed Embalmer No. *4375*

P. O. Address *St. Charles, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.