

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**9548**

State File No. ....

**2522**

No. 300  
10-48

**FILED MAR 31 1955**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____		
<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).				
a. COUNTY _____				a. STATE <b>Missouri</b>		b. COUNTY _____		
b. CITY OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>DOA</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>5472 Wabada Avenue</b> <sup>20670</sup>				
<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>					
(Type or Print) <b>Gora M. Edler</b>			(Month) (Day) (Year) <b>3 - 19 - 1955</b>					
5. SEX <b>Fem</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>1 - 2 - 1882</b>		
9. AGE (in years last birthday) <b>73</b>		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) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Hamilton Co., Illinois</b>		
12. CITIZEN OF WHAT COUNTRY <b>USA</b>			13a. FATHER'S NAME <b>Charles T. Douthit</b>		13b. MOTHER'S MAIDEN NAME <b>Savanna Darnell</b>		14. NAME OF HUSBAND OR WIFE <b>Charles J. Edler</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>486-40-8680</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Charles J. Edler</b> ADDRESS <b>5472 Wabada Ave.</b>				
18. CAUSE OF DEATH		<b>MEDICAL CERTIFICATION</b>				INTERVAL BETWEEN ONSET AND DEATH		
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ruptured heart</b>						
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <b>Coronary Thrombosis</b>						
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____						
		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 checked="" 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) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4201</b>				
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 _____ 500 P.M., from the causes and on the date stated above.								
23a. SIGNATURE <b>[Signature]</b>				23b. ADDRESS <b>500 Clair</b>		23c. DATE SIGNED <b>[Signature]</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3/22/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>		
DATE REC'D BY LOCAL REG. <b>MAR 21 1955</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Drehmann-Harral</b> ADDRESS <b>1905 Union Blvd.</b>				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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..... *Warren A. Carver*

Licensed Embalmer No. *353*

P. O. Address .....

**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.**