

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19883

State File No. _____
Registrar's No. **4863**

FILED JUN 20 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY OR TOWN ST. LOUIS | |
| c. LENGTH OF STAY (in this place) 38 yrs | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: 4018a So. Grand Blvd | | e. STREET ADDRESS (If rural, give location) 75 4018a So. Grand Blvd. | |

| | | | | | |
|--|-----------------------|---------------------------|---------------------|----------------|--------------------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) EDWARD | b. (Middle) E. | c. (Last) BLEEDORN | (Month) June | (Day) 1 | (Year) 1955 |

| | | | | | | | | |
|--------------------|-------------------------------|---|--------------------------------------|---|-------------------------|-----------------------|-------------------------|------------------------|
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH June 9, 1882 | 9. AGE (In years last birthday) 72 | 10. UNDER 1 YEAR Months | 11. UNDER 2 HRS. Days | 12. UNDER 24 HRS. Hours | 13. UNDER 24 HRS. Min. |
|--------------------|-------------------------------|---|--------------------------------------|---|-------------------------|-----------------------|-------------------------|------------------------|

| | | | |
|--|-----------------------------------|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) butcher | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Kirkwood, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
|--|-----------------------------------|--|---|

| | | |
|---|--|--|
| 13a. FATHER'S NAME Ernest Bleedorn | 13b. MOTHER'S MAIDEN NAME Margaret Warner | 14. NAME OF HUSBAND OR WIFE Elizabeth Madden Bleedorn |
|---|--|--|

| | | | |
|--|-----------------------------------|--|--|
| 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. no | 17. INFORMANT'S SIGNATURE OR NAME Miss Josie Bleedorn | 18. ADDRESS 4018a So. Grand Blvd. |
|--|-----------------------------------|--|--|

| | | | |
|---|--|--|----------------------------------|
| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Disease 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"/> |
|------------------------|----------------------------------|--|

| | | |
|--|--|---|
| 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) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 4200 |
|--|--|--|

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 **8:45 Am.**, from the causes and on the date stated above.

| | | |
|-------------------------------------|--------------------------------|--------------------------------|
| 23a. SIGNATURE James M Kelly | 23b. ADDRESS 1300 Blook | 23c. DATE SIGNED 6-3-55 |
|-------------------------------------|--------------------------------|--------------------------------|

| | | | |
|--|--------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE June 10, 1955 | 24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery | 24d. LOCATION (City, town, or county) (State) Kirkwood, Missouri |
|--|--------------------------------|---|---|

| | | | |
|--|--|--|------------------------------------|
| DATE REC'D BY LOCAL REG. JUN 3 1955 | REGISTRAR'S SIGNATURE J. Earl Smith, M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE Beiderwieden F.H. Inc. | ADDRESS 1936 St. Louis Ave. |
|--|--|--|------------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

CORONER

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  _____

Licensed Embalmer No. 485

P. O. Address St. Louis

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..