

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 7 - 1955

31143
State File No. 8556
Registrar's No.

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 Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 13 days	c. CITY OR TOWN Festus
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		e. STREET ADDRESS (If rural, give location) 0500 /	

3. NAME OF DECEASED (Type or Print) EDWARD	a. (First)	b. (Middle) F.	c. (Last) LEDNICH	4. DATE OF DEATH (Month) (Day) (Year) 9-25-55
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 1-7-1922	9. AGE (in years last birthday) 33	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machinist	10b. KIND OF BUSINESS OR INDUSTRY Pittsburg Glass	11. BIRTHPLACE (City and State or Foreign Country) Crystal City, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Steve Lednich	13b. MOTHER'S MAIDEN NAME Anna Filla	14. NAME OF HUSBAND OR WIFE Doris Lednich
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	16. SOCIAL SECURITY NO. WW#2	17. INFORMANT'S SIGNATURE OR NAME Doris Lednich, Festus, Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 1 wk.	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Renal Insufficiency			1 wk.
	DUE TO (c) Gastrrectomy, 9/15/55			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION 9/15/55	19b. MAJOR FINDINGS OF OPERATION Chr. duodenal ulcer, diverticulum of duodenum, perforated	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 9/6/55, 19__, to 9/25/55, 19__, that I last saw the deceased alive on 9/24/55, 19__, and that death occurred at 7:30p., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lewis Shuttou M.D.	23b. ADDRESS 3506 Gravois	23c. DATE SIGNED 9/29/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9-26-55	24c. NAME OF CEMETERY OR CREMATORY Festus, Mo.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. -SEP 30 1955	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Politte, Crystal City, Mo.	ADDRESS
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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 *Bill C. Dawson*.....

Licensed Embalmer No. *476*.....

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.