

FILED NOV 23 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38972

State File No. ....

318

1003

Registrar's No. 9835

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. _____   |  | PRIMARY REG. DIST. NO. _____   |  | Registrar's No. 9835   |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Missouri b. COUNTY _____ |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>St. Louis  |  | c. LENGTH OF STAY (In this place)<br>_____   |  | c. CITY OR TOWN St. Louis  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital  |  |  |  | e. STREET ADDRESS (If rural, give location)<br>24 2616 a Cherokee St. 22470  |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)   |  | a. (First) Edward  |  | b. (Middle) Herman   |  | c. (Last) Topel Jr.  |  |
| 5. SEX Male  |  | 6. COLOR OR RACE White   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married   |  | 8. DATE OF BIRTH 3/9/1911  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Truck Driver  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>Int. Shoe Co.   |  | 11. BIRTHPLACE (City and State or Foreign Country)<br>St. Louis, Mo.   |  | 9. AGE (In years last birthday) 44 yrs. IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Min.  |  |
| 12. CITIZEN OF WHAT COUNTRY?<br>USA  |  | 13a. FATHER'S NAME<br>Edward Topel   |  | 13b. MOTHER'S MAIDEN NAME<br>Gertrude Kessling   |  | 14. NAME OF HUSBAND OR WIFE<br>Catherine Bauer Topel   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)   |  | 16. SOCIAL SECURITY NO. _____  |  | 17. INFORMANT'S SIGNATURE OR NAME<br>Catherine Topel 2616 a Cherokee ADDRESS   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*<br>Fracture of Skull; Brain Injury; Fracture of Left Femur.<br>Antecedent Causes<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (c)<br>Unknown November 4, 1955<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br>While working in the vicinity of Haddingham and Franklin Ave. Cause found Manner of cause could not be determined |  |  |  | INTERVAL BETWEEN ONSET AND DEATH _____   |  |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION _____   |  | 20. AUTOPSY<br>- YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                       |  |  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____   |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br>St. Louis Mo  |  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br>Nov 4 55 ? a.m.   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR?<br>E904-9<br>45   |  |  |  |
| 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 12:50 a.m., from the causes and on the date stated above.  |  |  |  |  |  |  |  |
| 23a. SIGNATURE<br>Josh M. Quisenberry (Type or Print)  |  |  |  | 23b. ADDRESS<br>1300 Clark   |  | 23c. DATE SIGNED<br>11/22/55   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial   |  | 24b. DATE<br>11/14/55  |  | 24c. NAME OF CEMETERY OR CREMATORY<br>St. Matthews   |  | 24d. LOCATION (City, town, or county) (State)<br>St. Louis, Mo.  |  |
| DATE REC'D BY LOCAL REG.<br>NOV 12 1955  |  | REGISTRAR'S SIGNATURE<br>Carl Smith, M.D.<br>acm   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br>E. J. Schnur   |  | ADDRESS<br>3125 Lafayette Ave.   |  |

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.....  
*Just B. Hollmer*

Licensed Embalmer No. *1614*

P. O. Address *3125 Lundy*

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.