

FILED JUN 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18268
State File No.
4941

BIRTH NO. <u> </u>		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>4941</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis --</u>			c. LENGTH OF STAY (In city or place) <u>3 days</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Westheta General Hospital.</u>				d. STREET ADDRESS (If rural, give location) <u>#9113 Bunkum Road 8120</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edna</u>			b. (Middle) <u>I.</u>		c. (Last) <u>Mc Murtrey....</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 22, 1956</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, <u>MARRIED</u>		8. DATE OF BIRTH <u>Jan. 7th 1897</u>		9. AGE (In years last birthday) <u>59</u> IF UNDER 1 YEAR: Months <u> </u> Days <u> </u> IF UNDER 28 HRS. Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u> </u>		11. BIRTHPLACE (City and State or Foreign Country) / <u>New Athens Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George Schuerger</u>			13b. MOTHER'S MAIDEN NAME <u>Christine Gain</u>		14. NAME OF HUSBAND OR WIFE <u>Martin W. McMurtrey</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u> </u>		17. INFORMANT'S SIGNATURE OR NAME <u>Martin W. McMurtrey</u> ADDRESS <u>80th Ave</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aplastic Anemia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Mesointan Drug</u> <u>Mesointan - Drug</u>					
		DUE TO (b) <u> </u>					
		DUE TO (c) <u> </u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u> </u>					
19a. DATE OF OPERATION <u> </u>		19b. MAJOR FINDINGS OF OPERATION <u> </u>				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) <u>5-22-56</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>5-15-56 5-22-56</u>			
22. I hereby certify that I attended the deceased from <u>5/15</u> , 19 <u>56</u> , to <u>5/22</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5/22</u> , 19 <u>56</u> , and that death occurred at <u>8:4</u> m., from the causes and on the date stated above— <u>22-56</u>							
23a. SIGNATURE <u>Malcolm B. Bawell</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>4666 Wraylance</u>		23c. DATE SIGNED <u>5/22/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5/25/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Belleville</u>		24d. LOCATION (City, town, or county) (State) <u>Ill.</u>	
DATE REC'D BY LOCAL REG. <u>MAY 22 1956</u>		REGISTRAR'S SIGNATURE <u> </u>		25. FUNERAL DIRECTOR'S SIGNATURE <u> </u>		ADDRESS <u> </u>	

(Licensed Embalmer's Statement on Reverse Side)

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 me

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

Ben A. Baldwin

Licensed Embalmer No.

2420

P. O. Address

C. St. Louis, 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 this body is not embalmed, fact should be so stated above.