

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 6 1956

State File No. **28657**
Registrar's No. **7595**

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 7595	
1. PLACE OF DEATH a. COUNTY ST. LOUIS			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) ST LOUIS MO.,		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN ST LOUIS	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 3663 MC REE			e. STREET ADDRESS (If rural, give location) 17 3663 MC REE		
3. NAME OF DECEASED (Type or Print) a. (First) EDWARD B b. (Middle) KENNEY c. (Last)			4. DATE OF DEATH (Month) AUG (Day) 14 (Year) 1956		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED NEVER MARRIED WIDOWED SINGLE	8. DATE OF BIRTH JUNE 12 1870	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months Days
IF UNDER 1 YEAR Months Days	IF UNDER 1 MRS. Hours Min.	10a. USUAL OCCUPATION (Give kind of work done) REGISTERED PUBLIC SERVICE CO	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) NEW YORK	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE *****	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. *****	17. INFORMANT'S SIGNATURE OR NAME ADDRESS EDWARD G CRAWFORD 5752 VIVIAN AVE		
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, ashenia, etc.. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastrointestinal Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Esophageal varices! DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 days
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		462.1
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?			
22. I hereby certify that I attended the deceased from 12th Aug, 1956 to 14 Aug, 1956 , that I last saw the deceased alive on 13 Aug, 1956 , and that death occurred at 2:30 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Deedee or title) Albert L. Bonfante M.D.			23b. ADDRESS 3-225 Longfellow Blvd.		23c. DATE SIGNED 15 Aug 56
24a. BURIAL, CREMATION, OR OTHER (Specify)	24b. DATE AUG 17 1956	24c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEMETERY	24d. LOCATION (City, town, or county) (State) ST LOUIS Co., MISSOURI		
DATE REC'D BY LOCAL REG. AUG 16 1956	REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT & CARROLL UND CO, 4600 NATURAL BRIDGE		

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

DR BONFANTI
3225 LONGFELLOW

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 *M. W. Rueter*

Licensed Embalmer No. *486*

P. O. Address *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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.