

FILED JAN 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42966

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11809

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY								
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Missouri</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Missouri Baptist Hospital</u>				Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>4001 Washington Blvd.</u>				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>A.</u> Last <u>Edmonds</u>				4. DATE OF DEATH Month <u>December</u> Day <u>22</u> Year <u>1956</u>								
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Sept 4, 1880</u>		9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Stock Clerk</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Department Store</u>		11. BIRTHPLACE (City and state or country) <u>Washington County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13. FATHER'S NAME <u>Unknown Edmonds</u>						14. MOTHER'S MAIDEN NAME <u>Unknown Sweeney</u>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No Nil</u>				16. SOCIAL SECURITY NO. <u>492-16-6251</u>		17. INFORMANT <u>Irene Edmonds, 4001 Washington Blvd.,</u> Address						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebrovascular accident with left hemiplegia</u> DUE TO (b) <u>arteriosclerotic cardio-vascular disease</u> DUE TO (c) <u>arteriosclerotic cardio-vascular disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <u>15 days</u> <u>1 yr</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a).										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <u>none</u>									
20c. TIME OF INJURY Hour <u>5:22</u> Month <u>1</u> Day <u>2</u> Year <u>1956</u> a. m. <u>22</u> p. m. <u>1</u>												
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE	
21. I attended the deceased from <u>Nov 55</u> to <u>Dec 22 56</u> and last saw <u>him</u> alive on <u>Dec 21 56</u> . Death occurred at <u>6:40 A. M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE <u>Richard J. Jones MD</u> (Degree or title)						22b. ADDRESS <u>3720 Washington</u>			22c. DATE SIGNED <u>12-22-56</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>12-24-56</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Cemetery</u>				23d. LOCATION (City, town, or county) (State) <u>Bonne Terre, Missouri.</u>				
24. FUNERAL DIRECTOR <u>Albert H. Hoppe, 4700 Washington Blvd.,</u> ADDRESS					25. DATE RECD. BY LOCAL REG. <u>DEC 24 1956</u>		26. REGISTRAR'S SIGNATURE <u>Carl Smith MD</u> mgs					

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *John S. Denne*.....
Licensed Embalmer No. *41*.....
P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.