FILED JAN 25 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

2681

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY ~~ST LOUIS~~	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY ~~ST LOUIS~~
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS — Inside Limits X Yes ☐ No ☐	c. CITY OR TOWN ST LOUIS — Inside Limits X Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Louis City Hospital # 1 — Length of stay in 1b 25	d. STREET ADDRESS 1966 ARSENAL ST (If outside, give location) 2249 — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First Grace	Middle J	Last Edgar	4. DATE OF DEATH Month Jan Day 3 Year 1957
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH MARCH 22 1897	9. AGE (In years last birthday) 59 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	10b. KIND OF BUSINESS OR INDUSTRY LABORER	11. BIRTHPLACE (City and state or country) BUTLER CO KY	12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME CHARLES EDGAR		14. MOTHER'S MAIDEN NAME LU ELLA MASSEY		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 400-14-4234	17. INFORMANT R. J. Edgar	Address	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Congestive Heart Failure

DUE TO (c) Bronchogenic Ca Lung

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a) 162x

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 12-26/56, to 1/3/57 and last saw her/him alive on 1/3/57

Death occurred at 5.05 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature], M.D.	22b. ADDRESS City Hospital	22c. DATE SIGNED 1/3/57
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 1/4/57	23c. NAME OF CEMETERY OR CREMATORY REMOVAL
23d. LOCATION (City, town, or county) (State) EAST ST LOUIS ILL		
24. FUNERAL DIRECTOR ADDRESS ROBINS EAST ST LOUIS ILL	25. DATE RECD. BY LOCAL REG. JAN 4 1957	26. REGISTRAR'S SIGNATURE J Earl Smith MD MDB

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300 0 -56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Frank Prollopf

Licensed Embalmer No. 43

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.