

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 CLEARED THROUGH THE CORONERS OFFICE BY DR. RUPRECHTER
 MEDICAL CERTIFICATION

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

57 0 2272 23
 STATE FILE NUMBER

XG- FILED JUN 26 1957
 SL- 13970

Registration District No. 318 Primary Registration District No. 1003
 Registration District No. 5601

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY				a. STATE MISSOURI		b. COUNTY CHARLES	
b. CITY (If outside corporate limits, give TOWNSHIP only)		Inside Limits OR TOWN 915 N GRAND ST. LOUIS MO Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN WENTZVILLE		Inside Limits 0 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location)		Length of stay in 1b 35 HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL 9 HRS. 55 MIN		d. STREET ADDRESS RT# 2		(If outside, give location) 2 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Middle Last EDGAR L MAYNARD				Month Day Year 6-15-57			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH 2-5-20	
WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. AGE (In years last birthday) 37		10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STOCK CLERK		100. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) CAIRO, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME JAMES MAYNARD				14. MOTHER'S MAIDEN NAME UNKNOWN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW 2		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT Address MISSOURI. VA HOSP. RECORDS, 915 N GRAND ST LOUIS.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subarachnoid hemorrhage							INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Ruptured Berry Aneurysm		DUE TO (c) 330X			INTERVAL BETWEEN ONSET AND DEATH 48 HRS. 2 days
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED - WHILE AT WORK <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 6-14-57 to 6-15-57 and last saw him ^{her} alive on 6-15-57 Death occurred at 12:15 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>John A. Gantz</i> (Degree or title) John A. Gantz M. D.				22b. ADDRESS ST. LOUIS, MISSOURI. VA. HOS PITAL 915 N GRAND		22c. DATE SIGNED 6-15-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6/17/57		23c. NAME OF CEMETERY OR CREMATORY Memorial Park		23d. LOCATION (City, town, or county) (State) St. Louis, Co. Mo	
24. FUNERAL DIRECTOR Edward Fendler 5611 South Grand Blvd.				25. DATE RECD. BY LOCAL REG. JUN 17 '57		26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>	

JUL 4 1951

AUG 7 1951

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 *Harry J. Skemmer*
Licensed Embalmer No. 26

P. O. Address 5611 S. ...

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.