

Health, Welfare & Public Service
 300 1-56
 All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DR. O. D. JAHBAUGH
 105 W. LOCKWOOD
 FILED JUL 25 1957

26936
 STATE FILE NUMBER

STANDARD CERTIFICATE OF DEATH

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 1713

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Webster Groves</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bethesda General</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> c. CITY OR TOWN <u>St. Louis</u> d. STREET ADDRESS (If outside, give location) <u>3935 Magnolia</u>	
3. NAME OF DECEASED (Type or print) First <u>Edna</u> Middle <u>M.</u> Last <u>Morehouse</u>		4. DATE OF DEATH Month <u>July</u> Day <u>7</u> Year <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 22, 1860</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>housework</u>	11. BIRTHPLACE (City and state or country) <u>Sparta, Wisconsin</u>
13. FATHER'S NAME <u>Wm. Donkins</u>		14. MOTHER'S MAIDEN NAME <u>Cynthia Clark</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>none</u>	17. INFORMANT <u>Mrs. O. F. Hillebrand</u> Address <u>3935 Magnolia</u>
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>Atherosclerotic Heart disease</u> DUE TO (b) <u>Hypertensive Cardiovascular disease</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) _____			INTERVAL BETWEEN ONSET AND DEATH <u>4200</u>
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.) _____	
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 <u>June 1956</u> to <u>July 7 1957</u> and last saw <u>her</u> <u>him</u> alive on <u>July 6 1957</u> . Death occurred at <u>12:45 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>O. D. Jahbaugh M.D.</u>		22b. ADDRESS <u>Webster Groves Mo</u>	
22c. DATE SIGNED <u>7/8/57</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removed</u>	23b. DATE <u>July 9, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Riverside Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Appleton, Wisconsin</u>
24. FUNERAL DIRECTOR ADDRESS <u>Suedmeyer & Sons 3934 N. 20th St.</u>		25. DATE RECD. BY LOCAL REG. <u>7/8/57</u>	26. REGISTRAR'S SIGNATURE <u>Herbert A. Donkeld</u>

(Licensed Embalmer's Statement on Reverse Side)

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 *Gustav W. Dietrich*

Licensed Embalmer No. *4*

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.