

Health, Welfare, Public Service

FILED MAY 12 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015737
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4445

1. PLACE OF DEATH a. COUNTY <input checked="" type="checkbox"/> St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Webster Groves Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital		Length of stay in 1b 15 Days	d. STREET ADDRESS (If outside, give location) 442 Alma Ave Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Harold Middle J. Last Edaburn			4. DATE OF DEATH Month April Day 23 Year 1958		
--	--	--	---	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 6, 1899	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
-----------------------	----------------------------------	---	---	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer	10b. KIND OF BUSINESS OR INDUSTRY Bell Telephone	11. BIRTHPLACE (City and state or country) Creston, Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	--	---

13a. FATHER'S NAME Harry W. Edaburn	13b. MOTHER'S MAIDEN NAME Estella Sain	14. NAME OF HUSBAND OR WIFE None
---	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.#1	16. SOCIAL SECURITY NO. 492-07-6961	17. INFORMANT Address M.J. Morton 1023 S. Elm Ave Web. Groves
--	---	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic myocarditis with decompensation - mos. pneumonia DUE TO (b) Obesity Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 3 wks 2 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 422:2		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.)
---	--

20c. TIME OF INJURY Hour _____ 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 2-17-44 to April /58 and last saw her alive on 4-23/58 Death occurred at 8:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.	
---	--

22a. SIGNATURE (Degree or title) <i>Edw. W. Allenberg M.D.</i>	22b. ADDRESS 204 E. Big Bend	22c. DATE SIGNED 4-24-58
---	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal-Motor	23b. DATE 4-24-58	23c. NAME OF CEMETERY OR CREMATORY Graceland Cemetery	23d. LOCATION (City, town, or county) (State) Creston, Iowa
---	-----------------------------	---	---

24. FUNERAL DIRECTOR ADDRESS Mittelberg Funeral Home, Inc. Webster Groves, Mo.	25. DATE RECD. BY LOCAL REG. APR 24 58	26. REGISTRAR'S SIGNATURE <i>Keal Smith Mo</i> in KB
--	--	---

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 L. Henne*

Licensed Embalmer No. *4194*
P. O. Address *St. Louis*

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.