

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026915

STATE FILE NUMBER

FILED AUG 7 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7142

S. 300
-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>St. Johns</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>Mo. Baptist Hosp.</u>			Length of stay in lb <u>4 Days</u>		d. STREET ADDRESS (If outside, give location) <u>3632 Eminence</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>George N. Edmiston</u>				4. DATE OF DEATH Month Day Year <u>July 18, 1958</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>Aug 13 1893</u>		9. AGE (In years last birthday) <u>64</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Meat Cutter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Meat</u>		11. BIRTHPLACE (City and state or country) <u>Coulterville Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Charles F. Edmiston</u>			13b. MOTHER'S MAIDEN NAME <u>Martha E. Stevenson</u>			14. NAME OF HUSBAND OR WIFE <u>Hattie M. Edmiston</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>493 01 3700</u>		17. INFORMANT Address <u>Hattie M. Edmiston 3632 Eminence</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>Cardiac Failure</u>							INTERVAL BETWEEN ONSET AND DEATH <u>None</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Collapse - general</u>					DUE TO (c) <u>Chronic coronary atherosclerosis</u>		4 da
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>422.1</u>							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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>422.1</u>						
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year									
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>15 July 1958</u> to <u>18 July 1958</u> and last saw him alive on <u>18 July 1958</u> Death occurred at <u>10:15 p.m.</u> on the date stated above; and to the best of my knowledge from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Paul R. Whiteaker M.D.</u>				22b. ADDRESS <u>2403 Brown Pl. St. Louis (14) Mo</u>			22c. DATE SIGNED <u>19 July 1958</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>7/20/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Coulterville Cemetery</u>		23d. LOCATION (City, town, or county) <u>Coulterville Ill.</u>				
24. FUNERAL DIRECTOR <u>Collier Mortuary, St. Ann, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>JUL 21 1958</u>		26. REGISTRAR'S SIGNATURE <u>Carl Smith, Mo</u>			

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 *Sheldon Collier*

Licensed Embalmer No. *3382*

P. O. Address *St. Anne, Mo.*

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.