

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026916
STATE FILE NUMBER
7285

50375-58
FILED AUG 6 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7285

| | | | | | | | | | |
|--|--|---|--|--|---|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis Mo | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St. Jefferson | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Mo | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Kimmswick Mo | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cardinal Glennon | | | Length of stay in lb 2 Days | | d. STREET (If outside, give location) ADDRESS Born Firmin Desloge | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First Brian Middle Keith Last Edney | | | | 4. DATE OF DEATH Month 7 Day 22 Year 58 | | | | | |
| 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 7/20/58 | | 9. AGE (In years last birthday) 2 days | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | | 10b. KIND OF BUSINESS OR INDUSTRY None | | 11. BIRTHPLACE (City and state or country) St. Louis Mo | | 12. CITIZEN OF WHAT COUNTRY? U S A | | | |
| 13. FATHER'S NAME Robert Edney | | | | 14. MOTHER'S MAIDEN NAME Beva Bainter | | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT Robert Edney Kimmswick Mo | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemolytic Disease of the Newborn Rh incompatibility Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 770.0 DUE TO (c) _____ | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 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 <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 checked="" 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 7/20/58 to 7/22/58 and last saw her alive on 7/22/58 Death occurred at 3:50 P m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE Paul A. Byrne M.D. (Degree or title) | | | | 22b. ADDRESS Cardinal Glennon Hosp | | | | 22c. DATE SIGNED 7/23/58 | |
| 23a. BURIAL: CREMATION, REMOVAL (Specify) | | 23b. DATE | | 23c. NAME OF CEMETERY OR CREMATORY | | 23d. LOCATION (City, town, or county) (State) | | | |
| Removal | | July 23, 58 | | RAUSCHENBACH Cemetery | | Imperial Mo | | | |
| 24. FUNERAL DIRECTOR Heiligtag Funeral Home Imperial | | | | ADDRESS Mo | | 25. DATE RECD. BY LOCAL REG. JUL 25 58 | | 26. REGISTRAR'S SIGNATURE J. Carl Smith | |

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300 1-56

All symptoms will be listed. All cases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

STATEMENT BY LICENSED EMBALMER

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

~~by me or by~~ *NOT EMBALMED* Student Embalmer No.

working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Elmer Heiligtag*

Licensed Embalmer No.

P. O. Address

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.