

UNIVERSITY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-020873

FILED VS JUN 15 1960

318

1003

5568

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

ENDED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1519A R. Clinton St		d. STREET ADDRESS (If outside, give location) 1519a R. Clinton Street	
3. NAME OF DECEASED (Type or print) NANCY J. EDMISTON		4. DATE OF DEATH May 29th, 1960	
5. SEX Female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/18/1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Missouri
13a. FATHER'S NAME Jasper Henerickson		13b. MOTHER'S MAIDEN NAME Virginia Casey	14. NAME OF HUSBAND OR WIFE Late John Edmiston
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Fred Edmiston 1521 R. Clinton St.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremic Coma Arteriosclerotic Cardiac-Renal Disease, Class IV Generalized and Cerebral Arteriosclerosis DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days.			INTERVAL BETWEEN ONSET AND DEATH 3 days 2 years 2 years 442x <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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 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 June 1959 to May 29, 1960 and last saw her him alive on May 28, 60, 9 PM. Death occurred at 7 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE U. J. Gymbina (Degree or title)		22b. ADDRESS 1126 St. Louis Ave	22c. DATE SIGNED 5:30:60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE May 31-1960	23c. NAME OF CEMETERY OR CREMATORY Hillard Cem.	23d. LOCATION (City, town, or county) Hillard, Missouri. (State)
24. FUNERAL DIRECTOR ADDRESS Leidner Und. 2223 St. Louis Ave.		25. DATE RECD. BY LOCAL REG. MAY 31 1960	26. REGISTRAR'S SIGNATURE Karl Smith, M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Albert Mayfield

Licensed Embalmer No. 3077

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.