MO DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-046606

STATE FILE NUMBER

FILED VS JAN 6 1961

Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY: Jefferson b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cedar Hill Length of stay in 1b: 2 Mos. c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Cedar Hill Inside Limits: Yes ☒ No ☐	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo. b. COUNTY: c. CITY OR TOWN: St. Louis Inside Limits: Yes ☐ No ☐ d. STREET ADDRESS (If outside, give location): 3916 Illinois Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: Edna	Middle:	Last: Arban	4. DATE OF DEATH	Month: 12	Day: 17	Year: 60	
5. SEX: FM	6. COLOR OR RACE: W	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 2/16/1919	9. AGE (last birthday): 41	IF UNDER 1 YEAR Months:	Days:	IF UNDER 24 HR Hours:	Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saleslady	10b. KIND OF BUSINESS OR INDUSTRY: Penny	11. BIRTHPLACE (City and state or country): Dittmer Mo.	12. CITIZEN OF WHAT COUNTRY: USA					
13a. FATHER'S NAME: Wm. Viehland	13b. MOTHER'S MAIDEN NAME: Martha Redhage	14. NAME OF HUSBAND OR WIFE: Wm.						
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.: 486-40-1769	17. INFORMANT: William Arban	Address: 3916 Illinois					

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Radiation Sickness — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Deep X-Ray Therapy for

DUE TO (c): Carcinoma of the pelvis — 2 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): actual starvation & malnutrition caused due to inability to absorb food

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	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.	Month, Day, Year	Pt had multiple fractures from degenerated bowel due to the radiation	
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	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 May 8 – 1960, to Death and last saw her/him alive on 12-5-60

Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John Paul MD		22b. ADDRESS: St Clair, Mo.	22c. DATE SIGNED: 12-19-60
23a. BURIAL, CREMATION, REMOVAL (Specify): removal	23b. DATE: 12/20/60	23c. NAME OF CEMETERY OR CREMATORY: St. Martin Cem	23d. LOCATION (City, town, or county) (State): Dittmer Mo.
24. FUNERAL DIRECTOR ADDRESS: Schumacher 3013 Meramec St. Louis, Mo.	25. DATE RECD. BY LOCAL REG.: 12-20-60	26. REGISTRAR'S SIGNATURE: Robert C. Bauer	

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF

DOCUMENT

John Pic. C
Op 790
Office 977

VS JAN 6 1961

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______________________________ Signed Jack Haupt
Signature of Student Embalmer

Licensed Embalmer No. 47

P. O. Address St Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.