S. No. 2
—11-10-39
5-17
I X

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17223

FILED JUN 15 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4701

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits write "RURAL") 15

(d) Street No. 4537 Adkins Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? unknown years.

3. (a) PRINT FULL NAME Mary Edelman 345

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife unk

6. (c) Age of husband or wife if alive years

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years about 73 | Months | Days | If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) G (State or foreign country)

10. Usual occupation housewife

11. Industry or business at home

FATHER
12. Name Kuehnel G
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) G (State or foreign country)

16. (a) Informant Dr. L. P. Habig
(b) Address 5817 Gravois

17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 29th. 1940 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Henry L. Weidenmuller
(b) Address 6203 Gravois Ave.

19. (a) MAY 28 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1940 hour 12 minute 35 P.M.

21. I hereby certify that I attended the deceased from 15 years, 19..., to May 26, 1940, that I last saw him alive on May 26, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to Chronic Nephritis + Pyelitis	
Due to Arteria sclerosis	
Other conditions (Include pregnancy within 3 months of death) Mal nutrition	

Major findings:
Of operations ✓
Of autopsy ✓

131

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓ (Specify type of place)
While at work? ✓ (e) Means of injury ✓

23. Signature J. P. Habig (M. D. or other)
Address 5817 Gravois Date signed 5/27/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed J. G. Sullivan

Licensed Embalmer No. 1123

P. O. Address 4704 Washington Bl

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.