DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23517

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 5962

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: Deaconess Hospital (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis (If outside city or town limits, write "RURAL") 6

(d) Street No. 1411 Blackstone (If rural, give location)

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

3. (a) PRINT FULL NAME Frank Edom 3577

3. (b) If veteran, name war yes

3. (c) Social Security No. 489-05-0432

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife Katherine

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased February (Month) 13 (Day) 1893 (Year)

8. AGE: Years 47 Months 5 Days 1 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation Tavern owner

11. Industry or business

FATHER 12. Name Frank Edom

FATHER 13. Birthplace St Louis (City, town, or county) Mo (State or foreign country)

MOTHER 14. Maiden name Lucinda Pittalmo

MOTHER 15. Birthplace St Louis (City, town, or county) Mo (State or foreign country)

16. (a) Informant's own signature Kathrine Edom

(b) Address 1411 Blackstone Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Mike J. Dickman

(b) Address 3039 Easton Ave.

19. (a) JUL 16 1940 (Date received local registrar) (b) J. F. Brebeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14th year 1940 hour 2:10 minute P M.

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

Immediate cause of death Fracture of Right Femur, Broken Clavicle, Hemorrhage, Fatty degeneration of Myocardium

Due to following injury suffered when deceased fell at end of race

Due to Camp near Trenton Mo about June 9 1940 exact

Other conditions (Include pregnancy within 3 months of death) Unknown

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 6-9-40

(c) Where did injury occur? Trenton Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? No (e) Means of injury Race

23. Signature Alfred Sterry (M. D. or other)

Address Deputy Coroner Date signed 7/16/40

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39

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 Howard F. Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis 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 this body is not embalmed, above space should be left blank.