

Registration District No. 13 91

Primary Registration District No. 1003

Registrar's No. 3970

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Alexian Brothers Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 days  
(Specify whether  
 In this community Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5236 Washington Avenue  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Herman H. Edele

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M (C)  
 5. Color or race W

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

6. (b) Name of husband or wife Marion

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

7. Birth date of deceased June 24th  
(Month) (Day) (Year)

1893  
(Year)

8. AGE: Years 48 Months 10 Days 8  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Organist

11. Industry or business Arena Roller Rink

MOTHER FATHER

12. Name Eugene Edele

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Marie Reinecke

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Marion Edele

(b) Address 5236 Washington

17. (a) Burial (b) Date thereof May 5 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park

18. (a) Signature of funeral director \_\_\_\_\_  
 (b) Address 1936 St. Louis Av.

19. (a) W. A. ... (b) J. F. ...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2  
 year 1942 hour 3 minute 55 P.M.

21. I hereby certify that I attended the deceased from May 1 1942 to May 2 1942  
 that I last saw him alive on May 2 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 4 days

Due to 94 hrs  
 Due to 94 hrs  
 Other conditions 94 hrs  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury D

23. Signature Eugene H. Edele (M. D. or other) M.D.  
 Address 30190 So. Jefferson Date signed 5-3-42

**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..... *[Handwritten Signature]*  
.....  
Licensed Embalmer No. *3727*  
P. O. Address *1926 H. Jones Cir*

**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, fact should be so stated above.**