

FILED JUN 9 1942

Primary Registration District No. 200

Registrar's No. 1172

600

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

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Rural Overland

(c) Name of hospital or institution: St. Louis Training School 3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 yrs, 10 days  
(Specify whether years, months or days)

In this community same

3. (a) PRINT FULL NAME EDINGER LOUISE

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 1. Color or race W 6. (a) Single, widowed, married, divorced 5

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

7. Birth date of deceased: ? 1874  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	?	?	hr. min.

9. Birthplace Illinois State 1  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name Not known

13. Birthplace \_\_\_\_\_ 4  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ 4  
(City, town, or county) (State or foreign country)

16. (a) Informant St. Louis Training School Records

(b) Address Bellefontaine & Hall Roads

17. (a) Cremation and Burial (b) Date thereof May 16 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. Ruff

(b) Address 3500 Ruff

19. (a) MAY 29 1942 (b) C. H. McDevitt  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")

(d) Street No. Bellefontaine & Hall Road  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16  
year 1942 hour 10:15 minute 50 A. M.

21. I hereby certify that I attended the deceased from July 1 1941  
to May 16 1942  
that I last saw her alive on May 16  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration \_\_\_\_\_

Due to Chronic Myocarditis

Due to Epilepsy

Due to Imbecility

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death) 930

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

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

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 \_\_\_\_\_

23. Signature Mary Sings-Bullback (M. D. certifier)  
Address St. Louis Training School Date signed 5-16-42

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

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**