No. 2
—5-43
-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 268

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 150

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution Max Q Starkloff Memorial O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether

In this community 54 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St Louis Mo 996 (If outside city or town limits, write "RURAL")

(d) Street No. 813 Buchanan (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country O

3. (a) PRINT FULL NAME George Edler

3. (b) If veteran, name war —

3. (c) Social Security No. 492-09-9203

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Della Edler

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Jan (Month) 1 (Day) 1888 (Year)

8. AGE: Years 54 Months 0 Days 5 If less than one day hr. min.

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

10. Usual occupation Chauff

11. Industry or business Kil Patrick Foundry

FATHER
12. Name Anton Edler
13. Birthplace St Louis (City, town, or county) Mo. O (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace St Louis (City, town, or county) Mo O (State or foreign country)

16. (a) Informant Mrs Myrtle Finnigan

(b) Address 2122 John Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 10-44 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director Snedmyer & Sons

(b) Address 3934 N 20 St St Louis Mo.

19. (a) JAN 7 1944 (Date received local registrar) (b) J. F. Bridell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6 year 1944 hour 4 minute 15 P M.

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

Immediate cause of death Syphilitic Heart Disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy No

Duration

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 L. Kreuzelhoff O (M. D. or other)

Address City Hospital Date signed 1-7-44

(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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 5934 Alpha

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.