

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
 Registrar's No. 5899

FILED JUL 20 1945  
 318  
 Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

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:  
4720 Alaska Ave.,  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri. (b) County 800  
 (c) City or town St. Louis,  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4720 Alaska Ave.,  
 (If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edmund A. Dutton,  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male, 5. Color or race White, 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Fredericka Dutton 6. (c) Age of husband or wife if alive 80 years  
 7. Birth date of deceased May 21 1862  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
83 1 12 hr. min.

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

10. Usual occupation Retired-10 Years  
 11. Industry or business Terminal R.R. Ass'n.

MOTHER FATHER  
 12. Name Don't Know,  
 13. Birthplace Don't Know, 9  
 (City or town, or county) (State or foreign country)  
 14. Maiden name Don't Know,  
 15. Birthplace Don't Know, 9  
 (City, town, or county) (State or foreign country)

16. (a) Informant Fredericka Dutton,  
 (b) Address 4720 Alaska Ave.,

17. (a) Burial, (b) Date thereof 7/6/45  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Gebken-Benz Mortuary  
 (b) Address 2842 Meramec St.,

19. (a) JUL 7 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd  
 year 1945 hour 11:00 minute A. M.  
 21. I hereby certify that I attended the deceased from June 14  
1945 to July 3 1945  
 that I last saw him alive on July 24 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Endocarditis  
 Due to 91  
 Due to 91  
 Other conditions Chronic Anemia  
 (Include pregnancy within 3 months of death)

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

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 J. F. Bredeck (M. D. or other)  
 Address 2278 S. Jefferson Date signed 7-5-45

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**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 Francis Williamson

Licensed Embalmer No. 3565

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, fact should be so stated above.**