

FILED #00141845 **STANDARD CERTIFICATE OF DEATH** 1003

State File No. **32177**
Registrar's No. **8465**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri.**

(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: **St. Louis City Hospital - Max C. Starkloff Memorial**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2mos-10days** (Specify whether)

In this community **51 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **EDWARD SAMUELS**

3. (b) If veteran, name war **Unk** 3. (c) Social Security No. **Unk**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**

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

7. Birth date of deceased **March 5th, ?**
(Month) (Day) (Year)

8. AGE: **abt 76** Years Months Days If less than one day
hr. min.

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

10. Usual occupation **nil**

11. Industry or business _____

MOTHER FATHER

12. Name **Lewis Samuels**

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

14. Maiden name **Rosa Unknown**

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

16. (a) Informant **M. Renaud**

(b) Address **City Hospital Records**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **10-3-46**
(Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY CEMETERY**

18. (a) Signature of funeral director **Albert H. Hopp**

(b) Address **4700 Washington Blvd**

19. (a) **OCT 1 1946** (Date received local registrar) **J. F. Bradeck** (Registrar's signature)

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. **Father Dempsey's Home 1421** (If no street number, give name of street)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **26th** year **1946** hour **6:45** minute **P** M.

21. I hereby certify that I attended the deceased from **7/16/46** to **Sept. 25th 19. 46** and that death occurred on the date and hour stated above.

That I last saw him alive on **Sept. 25th 19. 46**

Immediate cause of death **Generalized arteriosclerosis**

Due to _____

Due to _____

Other conditions **97**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

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)

(a) Means of injury **1515 Lafayette** **9/27/46**

23. Signature **Kenneth A. Carter M.D.** (M. D. or other) **M.D.**

Address _____ Date signed _____

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

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.