

No. 2  
12-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35076

State File No.

FILED NOV 12 1946

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9415

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:  
St. Louis City Hospital - Max C. Starkloff  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether  
In this community unknown  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4036 Delmar Ave.,  
Memorial (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28th  
year 1946 hour 9:03 minute A M.  
21. I hereby certify that I attended the deceased from 10/27/46  
to Oct. 28th, 1946  
that I last saw him im alive on Oct. 28th, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute  
PULMONARY EDEMA Duration 4 hrs.  
Due to CARDIAC FAILURE 3 Mos.  
Due to ARTERIO-SCLEROTIC HEART 3 YEARS  
Disease

Other conditions  
(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? \_\_\_\_\_

(Specify type of place)  
While at work \_\_\_\_\_ Means of injury 0  
23. Signature J. F. Bredesch 10/28/46  
(Date) (City or town) (State) (D. of Reg.)  
Address \_\_\_\_\_

3. (a) PRINT FULL NAME Earle East

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, widower

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

7. Birth date of deceased April 7th, ?  
(Month) (Day) (Year)

8. AGE: Years abt. 63 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
\_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Unknown

11. Industry or business \_\_\_\_\_

12. Name John East

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

14. Maiden name Maholla unknown

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

16. (a) Informant M. Renard

(b) Address St. Louis City Hospital.

17. (a) Anatomical Board Date Merged 10-4-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

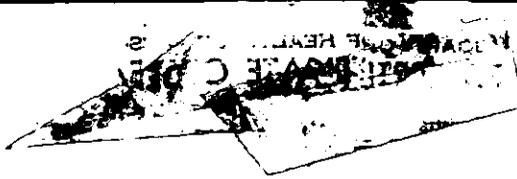
18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) NOV 4 1946 (Date received local registrar) (b) J. F. Bredesch (Registrar's signature)

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

MOTHER FATHER



NOV 19 1945

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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.....

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.**