

S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 29 1948
Registration District No. 768

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 131553
Registrar's No. 27

Primary Registration District No. 5592

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

1. PLACE OF DEATH:
(a) County St. Louis Jefferson
(b) City or town St. Louis Central Station
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 years (Specify whether 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. 4011 Potomac St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Ella M. Edstrom
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 1
year 1948 hour 3 minute 00 P. M.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife John
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased October 6, 1885
(Month) (Day) (Year)

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

8. AGE: Years Months Days If less than one day
62 5 25 hr. min.

Immediate cause of death Verdict of Coronor Duraffon
Unknown white woman
found dead in Mississippi
river. Apparently fallen
in water several months

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

Due to _____
Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation House work
11. Industry or business own home

Major findings: Of operations 43
Of autopsy 136
PHYSICIAN
Underline the cause to which death should be charged statistically.

12. Name Stephen Bassler
13. Birthplace Des Moines, Iowa
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 50
(b) Date of occurrence unknown
(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?

16. (a) Informant John Edstrom
(b) Address St. Louis, Mo.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof April 3, 1948
(Month) (Day) (Year)
(c) Place: burial or cremation St. Louis County, Mo.

While at work? (Specify type of place) (e) Means of injury 3
23. Signature J. P. Edwards (M. D. or other)
Address Cedar Hill, Mo. Date signed 4/1/48

18. (a) Signature of funeral director Henry R. Palitta
(b) Address Crystal City, Mo.
19. (a) April 2, 1948 (Date received local registrar)
(b) Reginald S. Bellville (Registrar's signature)

Case Filed
District File
District
No. 9

SEP 20 1950

MAY 11 1948

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 *Jentry R. Polittle*
Licensed Embalmer No. 3481
P. O. Address Crystal City, 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.