

FILED FEB 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5912**  
Registrar's No. **1308**

**318**

**1003**

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <b>St. Louis, Missouri</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		077	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DePaul Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>5168 Enright</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Edna E.</b> b. (Middle) <b>Arendes</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 9, 1949</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Mar. 3, 1886</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>6</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Edw. Walser</b>		13b. MOTHER'S MAIDEN NAME <b>Clementine Lynch</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Frank Walser</b>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Strangulated Right sigmoid hernia</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Intestinal obstruction</b> <b>1720</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>5/11/5</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>  <b>3 days</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Surgery of Stomach</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <b>2/9/49</b> , 19___, to <b>2/9/49</b> , 19___, that I last saw the deceased alive on <b>2/9/49</b> , 19___, and that death occurred at <b>1020p</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Francis J. Wallace MD</b>				23b. ADDRESS <b>6347 Grand Chorus rd</b>		23c. DATE SIGNED <b>2/10/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-14-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Parklawn Cem</b>		24d. LOCATION (City, town, or county) (State) <b>Lemay 23, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>FEB 11 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Casater</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Southern Funeral Home</b>		ADDRESS <b>6322 S. Grand Blvd.,</b>	

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

JUL 28 1945

1908

SEP 13 1951

Dr. E. J. O'Malley  
634 N. Grand

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

*Lind Lee Rossow*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *4242*

P. O. Address *6022 So Grand*

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.