

FILED MAR 8 1949

STANDARD CERTIFICATE OF DEATH

State File No. 6981

Local 196 Goodhart 0000

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 00000

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ballwin		c. LENGTH OF STAY (In this place) 10 mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 1st. Louisn SMO.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest Nursing Home			d. STREET ADDRESS (If rural, give location) 1945 Benton St		
3. NAME OF DECEASED (Type or Print) Emma		a. (First)		b. (Middle)	
		Edelen		c. (Last)	
4. DATE OF DEATH Jan. 31 1949		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Mar. 21, 1860	
5. SEX F		6. COLOR OR RACE White		9. AGE (In years last birthday) 88	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Charles Kruger		13b. MOTHER'S MAIDEN NAME	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Charles Edelen		ADDRESS 1218 Hebert St		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemiplegia</u> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>cholesterol</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 93d 31	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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 April 9, 1948, to Jan 31, 1949, that I last saw the deceased alive on Jan 24, 1949, and that death occurred at 8:45 P.m., from the causes and on the date stated above.					
23a. SIGNATURE A. P. Merkle M.D. U		(Degree or title)		23b. ADDRESS 3507 Potomac	
23c. DATE SIGNED 1-31-49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-3-49	
24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery		24d. LOCATION (City, town, or county) St. Louis, Co		(State)	
DATE REC'D BY LOCAL REG. 2-3-49		REGISTRAR'S SIGNATURE Shirley L. ...		25. FUNERAL DIRECTOR'S SIGNATURE Goodhart & Goodhart 2228 St, Louis	
				ADDRESS	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Robert M Murray

Licensed Embalmer No. 3749

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.