

FILED SEP 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28159

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6869

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

|   |                        |  |                                   |
|---|------------------------|--|-----------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY  |                        | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission):<br>a. STATE Mo. b. COUNTY   |                                   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN St. Louis   |                        | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN St. Louis  |                                   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>City Hospital  |                        | d. STREET ADDRESS (If rural, give location)<br>19 3901 West Pine Blvd.   |                                   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) Ida   |                        | b. (Middle) Edmonds  |                                   |
| c. (Last)   |                        | 4. DATE OF DEATH (Month) (Day) (Year)<br>Aug. 9, 1950  |                                   |
| 5. SEX<br>F.  | 6. COLOR OR RACE<br>W. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>S.   | 8. DATE OF BIRTH<br>Feb. 28, 1871 |
| 9. AGE (In years last birthday)<br>79   |                        | 10. UNDER 1 YEAR<br>5 Months   | 11. UNDER 24 HRS.<br>11 Hours     |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>At Home  |                        | 10b. KIND OF BUSINESS OR INDUSTRY  |                                   |
| 11. BIRTHPLACE (State or foreign country)<br>Henderson, Ky.   |                        | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.   |                                   |
| 13a. FATHER'S NAME<br>Felix Edmonds   |                        | 13b. MOTHER'S MAIDEN NAME<br>Unknown   |                                   |
| 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)<br>No   |                                   |
| 16. SOCIAL SECURITY NO.<br>none   |                        | 17. INFORMANT'S SIGNATURE OR NAME / ADDRESS<br>Mrs. Mary Heitkamp, 3536 Page Blvd.   |                                   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Interstitial Nephritis; Arteriosclerosis advanced following amputation of left leg at mid thigh whether as a result of injuries received in accident or strain kicked at intersection of Main &amp; Pine Jan. 25 1950.</i> |                                   |
| 20. ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><i>DU TO</i>   |                        | 21. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><i>about 7:35 pm or from other cause could not be determined.</i>   |                                   |
| 19a. DATE OF OPERATION  |                        | 19b. MAJOR FINDINGS OF OPERATION   |                                   |
| 21a. ACCIDENT SUICIDE OR HOMICIDE (Specify)   |                        | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br>OOD  |                                   |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br>E 8124   |                        | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.   |                                   |
| 21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]  |                        | 21f. HOW DID INJURY OCCUR?<br>25   |                                   |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:15 am. _____, 19____, from the causes and on the date stated above. |                        |  |                                   |
| 23a. SIGNATURE (Degree or title)<br><i>Arthur J Donnelly</i>  |                        | 23b. ADDRESS<br>1300 Clark   |                                   |
| 23c. DATE SIGNED<br>8/12/50   |                        | 24. BIRTHPLACE (State or foreign country)  |                                   |
| 24a. BIRTHPLACE (State or foreign country)<br>Burial  |                        | 24b. DATE<br>Aug. 12, 1950   |                                   |
| 24c. NAME OF CEMETERY OR CREMATORY<br>Calvary Cemetery  |                        | 24d. LOCATION (City, town, or county) (State)<br>St. Louis, Mo. E 8124   |                                   |
| DATE REC'D BY LOCAL REG.<br>AUG 13 1950   |                        | REGISTRAR'S SIGNATURE<br><i>J. B. Bassler</i>  |                                   |
| 25. FUNERAL DIRECTOR'S SIGNATURE<br>Arthur J Donnelly   |                        | ADDRESS<br>3840 Lindell Blvd.  |                                   |

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..... *W H Van Matre*

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

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.