

p. 300
48

FILED NOV 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 35634

9380

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) _____
c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2169

d. FULL NAME OF HOSPITAL OR INSTITUTION Fischer Body Co. e. STREET ADDRESS (If rural, give location) 3930a Utah St. 0

3. NAME OF DECEASED a. (First) Edmond b. (Middle) _____ c. (Last) Southers 4. DATE OF DEATH (Month) (Day) (Year) 10/22/51

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Jan. 4, 1906 9. AGE (In years last birthday) 45 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 1 MIN. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trimmer 10b. KIND OF BUSINESS OR INDUSTRY Fischer Body Co. 11. BIRTHPLACE (State or foreign country) Illinois 12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Edmond Southers 13b. MOTHER'S MAIDEN NAME Emma Robbins 14. NAME OF HUSBAND OR WIFE Patricia

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. -- 17. INFORMANT'S SIGNATURE OR NAME Leota Streb-3715 McDonald ADDRESS _____

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) _____
ANTECEDENT CAUSES Sarcocystis theombosia
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. _____
INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 4201

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) _____ 23b. ADDRESS 1300 Clark 23c. DATE SIGNED 11/24/51

24a. PORTAL CREMATION REMOVAL (Specify) _____ 24b. DATE Oct. 26/1951 24c. NAME OF CEMETERY OR CREMATORY Valhalla Cem. 24d. LOCATION (City, town, or county) (State) St. Louis, Co., Missouri

DATE REC'D BY LOCAL REG. OCT 21 1951 REGISTRAR'S SIGNATURE J. Earl Smith M.O. 25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Heldler ADDRESS 3634 Gravois

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

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 Wheeler

Licensed Embalmer No. 2128

P. O. Address Louisiana

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.