

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6241

REC'D MAR 5 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1658

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> <u>2239</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ANTHONY'S HOSPITAL-23</u>		d. STREET ADDRESS (If rural, give location) <u>2302 SHENANDOAH</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDMUND</u> b. (Middle) <u>Y.</u> c. (Last) <u>BICKELHAUPT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 21 1952</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>OCT. 1, 1871</u>
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED PRINTER</u>	11. BIRTHPLACE (State or foreign country) <u>EDWARDSVILLE ILLINOIS</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>BICKELHAUPT</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET YAGER</u>	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)		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>PAUL Y. VERSEN KIRKWOOD Mo</u>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>not known</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		
	DUE TO (c) <u>unknown</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Nephritis</u>			

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>H-370</u>
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22. I hereby certify that I attended the deceased from 5/24/47, 1947, to 2/21/52, 1952, that I last saw the deceased alive on 2/20/52, 1952, and that death occurred at 5:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Laurence Schlanke</u> (Degree or title) <u>pathologist for 10 years, M.D.</u>	23b. ADDRESS <u>3515 South Grand St. Louis 18, Mo</u>	23c. DATE SIGNED <u>2/21/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>FEB. 23 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALLEY VIEW CEM.</u>
24d. LOCATION (City, town, or county) (State) <u>EDWARDSVILLE ILLINOIS</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Kutis 2906 Beavria</u>	
DATE REC'D BY LOCAL REG. <u>FEB 21 1952</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>	

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Samuel E. Kelly
4347

Licensed Embalmer No.....

Signed.....
Student Embalmer

P. O. Address.....

2906 Harris

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.