

## STANDARD CERTIFICATE OF DEATH

4001

State File No. ....

FILED JAN 30 1953

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 0242

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>University City</u>		c. LENGTH OF STAY (In this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>University City</u>		4346		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7155 Delmar Blvd.</u>				d. STREET ADDRESS (If rural, give location) <u>7155 Delmar Blvd.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u>		b. (Middle) <u>F.</u>		c. (Last) <u>Courtney</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 22, 1953</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>		8. DATE OF BIRTH <u>Oct. 4, 1904</u>		9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>18</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real Estate - Courtney-Cannon R.E.Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>John R. Courtney</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Marken</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Helen M. Courtney</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>not known</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Helen M. Courtney, 7155 Delmar Blvd.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of maxilla</u> INTERVAL BETWEEN ONSET AND DEATH <u>18 months</u>  ANTECEDENT CAUSES 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. <u>196X</u>							
19a. DATE OF OPERATION <u>Nov. 1951</u>		19b. MAJOR FINDINGS OF OPERATION <u>Biopsy</u>				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)		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 <u>10/27 or</u> , 1951, to <u>1/22</u> , 1953, that I last saw the deceased alive on <u>1/21</u> , 1953, and that death occurred at <u>2:50 am</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>George A. Carroll M.D.</u>				23b. ADDRESS <u>607 N. Grand</u>		23c. DATE SIGNED <u>1/22/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 24, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1-23-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dunks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Donnelly</u>		ADDRESS <u>3840 Lindell Blvd.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

