

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29922

State File No.

FILED AUG 20 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7012

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</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>St. Louis</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Lutheran Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location)		5912 Nashville	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Jennie</u>	b. (Middle) <u>E.</u>	c. (Last) <u>Edsell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 14, 1953</u>
-------------------------------------	--------------------------	-----------------------	-------------------------	------------------------------------------------------------

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>April 17, 1873</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 6 HRS. Hours	IF UNDER 15 MIN. Min.
----------------------	-------------------------------	---------------------------------------------------------------------	----------------------------------------	-------------------------------------------	------------------------	-----------------------	-----------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
--------------------------------------------------------------------------------------------------------------	--------------------------------------------------	------------------------------------------------------------------------------	------------------------------------------

13a. FATHER'S NAME <u>Unknown Thomps on</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas M. Edsell</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Howard R. Edsell, 5912 Nashville</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 CAUSING DEATH* (a) <u>Chronic Pulmonary Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Conditions contributing to the death but not related to the disease or condition causing death.		
	DUE TO (b) <u>Chronic Myocarditis</u>		
DUE TO (c) <u>Fractured Left Hip</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	----------------------------------------------------------------------------------

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Acc</u>	21b. PLACE OF INJURY (City, town, or township) (County) (State) <u>St. Clair, Mo.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4222 F</u>
-----------------------------------------------------	---------------------------------------------------------------------------------------	---------------------------------------------------------------

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 12 5:30 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>fell on home of Relative</u>
--------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------

22. I hereby certify that I attended the deceased from 7/12, 1953 to 7/14, 1953, that I last saw the deceased alive on 7/14, 1953 and that death occurred at 10:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas. C. Hansen MD</u>	23b. ADDRESS <u>3012 Lafayette</u>	23c. DATE SIGNED <u>7/14/53</u>
------------------------------------------------------------	------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>7-16-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion</u>	24d. LOCATION (City, town, or county) (State) <u>St. Clair, Mo.</u>
----------------------------------------------------------	--------------------------	----------------------------------------------------	---------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>JUL 16 1953</u>	REGISTRAR'S SIGNATURE <u>Chas. Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fred M. Williams, 4700 Washington Blvd.</u>
---------------------------------------------	---------------------------------------------	-----------------------------------------------------------------------------------------

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

de

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.....
Signature of 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.