

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 30 1953

State File No. **37707**  
Registrar's No. **10091**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital</b>			e. STREET ADDRESS (If rural, give location) <b>25 5 North 9th</b>			
3. NAME OF DECEASED (Type or Print) <b>EDWARD</b>			a. (First)	b. (Middle)	c. (Last) <b>WILLARD</b>	
4. DATE OF DEATH <b>OCTOBER 13, 1953</b>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>December 24, 1909</b>	9. AGE (In years last birthday) <b>43</b>	10. CITIZEN OF WHAT COUNTRY? _____
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? _____	13a. FATHER'S NAME <b>Ben</b>	13b. MOTHER'S MAIDEN NAME <b>Emma</b>	14. NAME OF HUSBAND OR WIFE <b>LOUISE MIDGETT</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cook</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>UNKNOWN</b>	16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Hospital Record</b>		ADDRESS _____
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Pericarditis &amp; Pericardial Insufficiency</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Perforated Jejunum</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Whipple's operation</b>			INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>Pericardial Cyst</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? <b>587.2</b>	22. I hereby certify that I attended the deceased from <b>10-5-53</b> , 19____, to <b>10-13-53</b> , 19____, that I last saw the deceased alive on <b>10-13-53</b> , 19____, and that death occurred at <b>9:20P</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Robert W. Sellschek M.D.</b> (Degree or title)		23b. ADDRESS <b>1515 Lafayette Avenue</b>		23c. DATE SIGNED <b>10-14-53</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>Oct 23-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY</b>	24d. LOCATION (City, town, or county) (State) <b>ST LOUIS MO</b>			
DATE REC'D BY LOCAL REG. <b>OCT 23 1953</b>	REGISTRAR'S SIGNATURE <b>J. Cash Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>McGinnis-Kelly</b>	ADDRESS <b>4386 Judell</b>			

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

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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 *James A. Lamm*.....

Licensed Embalmer No. *414*.....

P. O. Address *St. Louis*.....

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.