

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44435**
11633

FILED DEC 17 1953

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. 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 OR TOWN St. Louis		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: 3932a DeTonty St.			e. STREET ADDRESS (If rural, give location) 17 3932a DeTonty St. 2179			
3. NAME OF DECEASED (Type or Print) EDNA		a. (First)	b. (Middle) STEINKAMP-PRIMM	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Dec. 7 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED Separated	8. DATE OF BIRTH 1902 Dec. 21, 1898	9. AGE (In years last birthday) 54.50	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Thomas Randolph		13b. MOTHER'S MAIDEN NAME Agnes Breen		14. NAME OF HUSBAND OR WIFE Edward Primm		
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 ADDRESS Harry Steinkamp 3932a DeTonty St.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as asphyxiation, asphyxia, strangulation, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Coronary Artery block Coronary Occlusion 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 10 years 4 years 2 hours	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201			
22. I hereby certify that I attended the deceased from 8/10 , 19 52 , to 12/7 , 19 53 , that I last saw the deceased alive on 11/7 , 19 53 and that death occurred at 10:30 A. m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) Norold Scheff M.D.			23b. ADDRESS 457 N. Kingshighway		23c. DATE SIGNED 12/9/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Dec. 10, 1953	24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		
DATE REC'D BY LOCAL REG. DEC 9 1953		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.		

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

Can be left open

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 *William B White*.....

Licensed Embalmer No. *4291*.....

P. O. Address *4228 King Street*.....

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.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 114425
Local Registrar's No. 11633

State of _____ }
County of _____ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this _____ day of _____, 195____, before me appears _____

who, upon _____ oath, states that the original record of birth death
for Edna Steinkamp Purdie, 12-7-, 1953, in the State of

Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 8 should read Dec. 21 - 1902

Instead of _____ 1898

Item No. 9 should read age 50

Instead of _____ 54

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Frank J. Peters - Jun. Div.
Knepp Relationship.
4228 S. K highway
Present Address

Subscribed and sworn to before me this 28 day of Dec, 1953

My Commission expires 3-4-57 _____ Notary Public.

