

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2736**
Registrar's No. **0479**

FILED FEB 2 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5533 Labadie Ave		e. STREET ADDRESS (If rural, give location) 5533 Labadie Ave		20690	

3. NAME OF DECEASED (Type or Print) Emma			a. (First)	b. (Middle)	c. (Last) Edwards	4. DATE OF DEATH (Month) (Day) (Year) 1-15-1954		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 1-25-1892	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Frank Hebold		13b. MOTHER'S MAIDEN NAME Emma Egle		14. NAME OF HUSBAND OR WIFE			
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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 Elsie Laderberger				ADDRESS 3963 Lafayette Ave	
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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						INTERVAL BETWEEN ONSET AND DEATH Sudden	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocardial insufficiency		DUPLICATE OF (b) Coronary Insufficiency							
DUPLICATE OF (c) Coronary atherosclerosis		DUPLICATE OF (d) Arteriosclerotic Heart Disease							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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	
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22. I hereby certify that I attended the deceased from **11/3/52**, 19**52**, to **1/12/54**, 19**54**, that I last saw the deceased alive on **1/12/54**, 19**54**, and that death occurred at **11:00 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Marion Slays D.O.		23b. ADDRESS 5301-a St. Louis Avenue		23c. DATE SIGNED 1/16/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-18-1954		24c. NAME OF CEMETERY OR CREMATORY Bethany cemetery		24d. LOCATION (City, town, or county) (State) 6800 Easton Ave Mo	
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DATE REC'D BY LOCAL REG. JAN 18 1954		REGISTRAR'S SIGNATURE Carl Smith		FUNERAL DIRECTOR'S SIGNATURE W. G. ...		ADDRESS 6409 Gravois Ave	
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(Licensed Embalmer's Statement on Reverse Side)

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Lawrence M. Simmons

Licensed Embalmer No. 434

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.