

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6675

State File No. ....  
Registrar's No. **1275**

FILED MAR 4 1954

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

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

<b>1. PLACE OF DEATH</b> a. 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)  d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSPITAL</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY  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"/>  e. STREET ADDRESS (If rural, give location) <b>3512 Sullivan Ave.</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) <b>Edmonston</b> c. (Last) <b>PLEDGE</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>FEBRUARY 9, 1954</b>	
<b>5. SEX</b> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	<b>6. COLOR OR RACE</b> White	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) Widowed <input checked="" type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>April 10, 1872</b>
<b>9. AGE</b> (In years) last birthday <b>81</b> # UNDER 1 YEAR Months Days # UNDER 1 WEE Hours Min.		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Hannibal, Missouri</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Conductor</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	
<b>13a. FATHER'S NAME</b> <b>Unknown</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Unknown</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>Edith Pledge</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>	
<b>16. SOCIAL SECURITY NO.</b> <b>Unknown</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Beatrice Twaddell, 3733 Lindell</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <i>Arteriosclerotic heart disease</i>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <i>Pneumonia pneumonia</i>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>  <b>4200</b>		<b>22. I hereby certify that I attended the deceased from</b> <u>2-4-54</u> , 19 <u>  </u> , to <u>2-9-54</u> , 19 <u>  </u> , that I last saw the deceased alive on <u>2-9-54</u> , 19 <u>  </u> , and that death occurred at <u>2:20 Am.</u> , from the causes and on the date stated above.	
<b>23a. SIGNATURE</b> <i>E. Taylor</i> (Degree or title) <b>MD</b>		<b>23b. ADDRESS</b> <b>1515 Lafayette Avenue</b>	
<b>23c. DATE SIGNED</b> <b>2-9-54</b>		<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Crema tion</b>	
<b>24b. DATE</b> <b>2/11/54</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Valhalla Crematory</b>	
<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis Co., Missouri</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>PROVOST UND. CO., 3710 No. Grand Bl.</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>FEB 10 1954</b>		<b>REGISTRAR'S SIGNATURE</b> <i>J. Calvert</i> <b>MD</b> (Licensed Embalmer's Statement on Reverse Side)	

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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 *Stanley A. Dizon*.....

Licensed Embalmer No. *469*.....

P. O. Address *St. J.*.....

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.