

FILED AUG 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29386

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 543 Registrar's No. 1918

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		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) <u>Jennings</u>		c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>17 days</u>		e. STREET ADDRESS (If rural, give location) <u>4021 North 22nd Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>High Towers Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u> b. (Middle) _____ c. (Last) <u>Edwards</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 5, 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 25, 1886</u>
9. AGE (In years last birthday) <u>68</u>		10. IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Genevieve, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Peter Wilder</u>	13b. MOTHER'S MAIDEN NAME <u>Frances Echenfeldt</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</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>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Leonard J. Schapp, 4940 Pernod Avenue,</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</u> <u>2 yrs</u> and DUE TO (c) <u>hypertensive cardiovascular disease</u> <u>2 yrs.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>azotemia</u>		<u>6 wks</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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4200</u>
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?

22. I hereby certify that I attended the deceased from June 15, 1954, to Aug 5, 1954, that I last saw the deceased alive on July 20, 1954, and that death occurred at 6:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George A. Make M.D.</u>	23b. ADDRESS <u>416 1/2 Lindell Blvd.</u>	23c. DATE SIGNED <u>8-6-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8-9-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery,</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri.</u>		

DATE REC'D BY LOCAL REG. <u>8-25-54</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Amberg</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Math. Hermann & Son Inc, 2161 E. Fair Ave.</u>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

7008

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 *Harford S. Bunsell*.....
Licensed Embalmer No. *428*

P. O. Address *L. J. Bunsell*.....

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.