

STANDARD CERTIFICATE OF DEATH

9549

State File No. ....

1927

81292-54

FILED MAR 18 1955

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. ....

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

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. LENGTH OF STAY (In this place) 6 hrs.		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital				e. STREET ADDRESS (If rural, give location) 24 3659 Illinois Ave. 224/0			
3. NAME OF DECEASED (Type or Print)		a. (First) Steven		b. (Middle) Clay		c. (Last) Edwards	
4. DATE OF DEATH		Month Feb.		Day 28,		Year 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Nov. 5, 1954	
9. AGE (In years last birthday)		10. UNDER 1 YEAR 3		11. UNDER 1 YEAR 23		12. UNDER 1 YEAR Hours   Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant				10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13a. FATHER'S NAME Earl Edwards		13b. MOTHER'S MAIDEN NAME Doris Beckerle	
14. NAME OF HUSBAND OR WIFE None				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. None	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Carl Edwards - 3659 Illinois Ave.							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Heart Disease (Anomalous origin of Lt. Coronary Ar. - from Pulmonary Ar.)</u>				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19. DATE OF OPERATION		19a. 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) St. Louis Mo.			
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? 754.4			
22. I hereby certify that I attended the deceased from <u>Feb. 29, 1955</u> , to <u>Feb. 29, 1955</u> , that I last saw the deceased alive on <u>Feb. 29, 1955</u> , and that death occurred at <u>11:00A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Maurice J. Keller M.D.				23b. ADDRESS 3701 Gravel St.		23c. DATE SIGNED 3/1/55	
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE Mar. 2, 1955		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. MAR 1 1955		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS Wacker - Keller - 3634 Gravois Ave.			

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.....

*Frank J. [Signature]*  
Licensed Embalmer No. 26  
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.