No. 300
10.48

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

FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7586

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 409

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RICHMOND HTS.
c. LENGTH OF STAY (in this place): 6 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. MARYS' HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN: NORTHWOODS 4150
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 4441 BEGG

3. NAME OF DECEASED (Type or Print): a. (First) JOSEPH b. (Middle) RAYMOND c. (Last) EDMONDS

4. DATE OF DEATH (Month) FEB. (Day) 11 (Year) 1956

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: JAN. 8, 1948
9. AGE (In years last birthday): 8 — If under 1 year: Months ___ Days ___ If under 24 hrs.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
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: ALBERT EDMONDS
13b. MOTHER'S MAIDEN NAME: TERESA BADER
14. NAME OF HUSBAND/OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): ****
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: ALBERT EDMONDS — ADDRESS: 4441 BEGG, NORTHWOODS

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute leukemia — INTERVAL BETWEEN ONSET AND DEATH: 15 months

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
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.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐ — 2043

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): None
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1955, *to* February 11, 1956, *that I last saw the deceased alive on* February 11, 1956, *and that death occurred at* 9:00 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: James Pling (Degree or title): M.D.
23b. ADDRESS: 1325 S. Grand Avenue
23c. DATE SIGNED: 2/13/56

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: FEB. 15, 1956
24c. NAME OF CEMETERY OR CREMATORY: CALVARY
24d. LOCATION (City, town, or county) (State): ST. LOUIS MISSOURI

DATE REC'D BY LOCAL REG.: 2-13-56
REGISTRAR'S SIGNATURE: Herbert R. Lombardi M.D. Sr.
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: STROOT CARROLL, 4600 NATURAL BRIDGE

(Licensed Embalmer's Statement on Reverse Side)

DR. JAMES P. KING
FIRMIN DESLOGE HOSP.
PR 1-7600

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed M. W. Ruster

Licensed Embalmer No. 4865

P. O. Address St Louis M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.