

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22238

State File No. ....

FILED JUL 2 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1539

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clayton</b>	c. LENGTH OF STAY (in this place) <b>DOA</b>	c. CITY OR TOWN <b>St. Johns 4211</b>	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 <b>St. Louis County Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>8753 Susan Ave.,</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Asa</b>	b. (Middle) <b>Rufus</b>	c. (Last) <b>Edmisten.</b>	(Month) <b>June</b>	(Day) <b>21,</b>	(Year) <b>1956</b>

5. SEX <b>Male</b> <input type="radio"/>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 13, 1902</b>	9. AGE (In years last birthday) <b>53</b>	IF UNDER 1 YEAR Months	IF UNDER 14 HRS. Days	Hours	Min.
--	-------------------------------	---	---------------------------------------	---	------------------------	-----------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ass't Secy &amp; Treas; Kerwin Fotheringham</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Crocker, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
---	-----------------------------------	---	---

13a. FATHER'S NAME <b>Asa R. Edmisten.</b>	13b. MOTHER'S MAIDEN NAME <b>Gertrude Parker.</b>	14. NAME OF HUSBAND OR WIFE <b>Dorothy A. Edmiston.</b>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>493-07-8727</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Dorothy A. Edmisten;</b>	ADDRESS <b>8753 Susan Ave.,</b>
---	--	--	---------------------------------

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, arteria, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio-sclerotic Heart</b>	DUE TO (b) <b>Heart</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<b>Coronary occlusion</b>		

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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 May 1954, to June 21, 1956, that I last saw the deceased alive on June 21, 1956, and that death occurred at 8:40P m., from the causes and on the date stated above.

23a. SIGNATURE <i>Walter P. ...</i>	(Degree or title)	23b. ADDRESS <b>812 Olive St. St. Louis</b>	23c. DATE SIGNED <b>6/22/56</b>
-------------------------------------	-------------------	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-25-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Missouri.</b>
---	----------------------------	---	---

DATE REC'D BY LOCAL REG. <b>6-23-56</b>	REGISTRAR'S SIGNATURE <i>Hubert R. Donk MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C.R. Lupton &amp; Sons;</b>	ADDRESS <b>7233 Delmar Blvd.,</b>
---	--	---	-----------------------------------

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

1956 AUG 9

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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*

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.