

FILED OCT 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35431**
8793
Registrar's No.

| | | | | | | | | | | |
|--|--|---|---|---|--|---|--|--|---------------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 8793 | | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis | | c. LENGTH OF STAY (In this place) 6 hrs. | | c. CITY (If outside corporate limits, write RURAL and give township) Sappington 4000 | | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Booth Memorial Hospital | | | | d. STREET ADDRESS (If rural, give location) Route 6 Box 708-4 | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Edna | | | b. (Middle) _____ | | c. (Last) Detrich | | 4. DATE OF DEATH (Month) (Day) (Year) 9-23-1956 | | | |
| 5. SEX F | | 6. COLOR OR RACE W. | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Jan 22, 1911 | | 9. AGE (In years last birthday) 45 | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant | | | | 10b. KIND OF BUSINESS OR INDUSTRY Fisher Brokeage | | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13a. FATHER'S NAME William Kupferle | | | 13b. MOTHER'S MAIDEN NAME Emma Sommerich | | | 14. NAME OF HUSBAND OR WIFE Don W | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | | | 16. SOCIAL SECURITY NO. 9246 | | 17. INFORMANT'S SIGNATURE OR NAME Don W Detrich | | | ADDRESS Hilltop Dr. Sap. | |
| 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) Cerebral hemorrhage | | | | | | INTERVAL BETWEEN ONSET AND DEATH 7 hrs | | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential Hypertension | | | | | | 2 yrs | | |
| | | DUE TO (c) _____ | | | | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | | 331X | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | | | 20. AUTOPSY? YES <input 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) _____ | | |
| 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 23 Sept, 1956 , to Sept 23, 1956 , that I last saw the deceased alive on 23 Sept, 1956 , and that death occurred at 3:30 a.m. , from the causes and on the date stated above. | | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) Charles M. Seaman M.D. | | | | 23b. ADDRESS 3740 Marmont St. Louis | | | | 23c. DATE SIGNED 23 Sept. 56 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) removal | | 24b. DATE Sept 26, 1956 | | 24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park | | 24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. | | | | |
| DATE REC'D BY LOCAL REG. SEP 24 1956 | | REGISTRAR'S SIGNATURE J. Carl Smith, M.D. | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J L Ziegenhein & Sons 7027 Gravois | | | | | |

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

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

working under my personal supervision.

Student Embalmer No.....

Signed

C. P. Kidwell

Signed.....

Student Embalmer

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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 this body is not embalmed, fact should be so stated above.