

FILED JUL 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26954**
Registrar's No. **1630**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 590		Registrar's No. 1630		
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ladue				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Ladue)		c. LENGTH OF STAY (in this place) years		c. CITY OR TOWN Ladue 44210		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 6 Godwin Lane				e. STREET ADDRESS (If rural, give location) 6 Godwin Lane				
3. NAME OF DECEASED (Type or Print) EDMOND A. B. GARESCHÉ			a. (First)			b. (Middle)		
c. (Last)			4. DATE OF DEATH June 26th, 1957			a. (Month) (Day) (Year)		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 3, 1888		
9. AGE (In years last birthday) 68		10. MONTHS 11		11. DAYS 23		12. IF UNDER 1 YEAR (Hours) (Min.)		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney				10b. KIND OF BUSINESS OR INDUSTRY Law				
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri				12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Edmond A. B. Garesche			13b. MOTHER'S MAIDEN NAME Emma Jennings			14. NAME OF HUSBAND OR WIFE Nelle Ambrose Garesche		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW - I		16. SOCIAL SECURITY NO. 490-01-7280A		17. INFORMANT'S SIGNATURE OR NAME Nelle A. Garesche ADDRESS 6 Godwin Lane				
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) Central Accident (Hemorrhage of the brain)				INTERVAL BETWEEN ONSET AND DEATH Sudden				
*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 Arteriosclerosis				
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? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT (Specify) 331X		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) (Min.)		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 Dec 1952 , to June 26, 1957 , that I last saw the deceased alive on June 7, 1957 , and that death occurred at 9:00 m. (from the causes and on the date stated above).								
23a. SIGNATURE Daniel C. Sestace (Degree or title) M.D.				23b. ADDRESS 634 North Grand Ave		23c. DATE SIGNED 6-27-57		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/28/57		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		
DATE REC'D BY LOCAL REG. 6-27-57		REGISTRAR'S SIGNATURE Hubert B. Donahoe		25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons ADDRESS 7233 Delmar				

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

APR 19 1960

10:50 To 11:00 P.M. 1 hour.

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 *Clarence H. Murray*.....

Licensed Embalmer No. *4011*.....

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.