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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016677
STATE FILE NUMBER

FILED MAY 12 1958

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1136

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|--|----------------------------------|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Mehlville 4000 | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Co. Hosp. D.O.A. | | Length of stay in 1b | d. STREET ADDRESS Rt. 11 (If outside, give location) Box 333 N. Marbury Dr. | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) DANIEL A. EIDMAN | | | 4. DATE OF DEATH Month Day Year Apr. 24 1958 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Oct. 15, 1907 | | 9. AGE (In years last birthday) 50 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Credit Manager-Netties Flower Garden | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) St. James, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME Arthur Eidman | | 13b. MOTHER'S MAIDEN NAME Mabel Unknown | | 14. NAME OF HUSBAND OR WIFE Dorothy Eidman | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, never unknown) No | | 16. SOCIAL SECURITY NO. 489-05-7344 | | 17. INFORMANT Address bury Dr. Dorothy Eidman-Rt. 11 Box 333 N. Mar- | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple severe traumatic injuries compatible with automobile accident | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Lost control of car he was operating on Telegraph Road, which struck a tree and then went down an embankment, throwing him from the car | | | |
| 20c. TIME OF INJURY Hour 12:15 Month, Day, Year 4/24/58 p.m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) public road | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE Rural St. Louis 400 Mo. | |
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 12:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) Raymond L. Harris Coroner | | | 22b. ADDRESS Clayton, Mo. | | 22c. DATE SIGNED 4/28/58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE Apr. 28, 1958 | 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetry | | 23d. LOCATION (City, town, or county) (State) St. Louis, Mo. |
| 24. FUNERAL DIRECTOR ADDRESS Kriegshauser 4228 S. Kingshighway | | | 25. DATE RECD. BY LOCAL REG. 4-25-58 | 26. REGISTRAR'S SIGNATURE Herbert P. Donke M.D. | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Edwin A. M. Permitt*

Licensed Embalmer No. *3024*

P. O. Address

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.