

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

300
-57

FILED NOV 24 1958
 District No. 318 Primary Registration District No. 1003 Registrar No. 10567

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, give TOWNSHIP only) OR TOWN 915 N.GRAND ST. LOUIS, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN UNIVERSITY CITY 1370 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR VET. ADM. HOSPITAL		Length of stay in lb 7 DAYS	d. STREET ADDRESS (If outside, give location) 1047 LEONA AVENUE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last EDWIN STRETCH			4. DATE OF DEATH Month Day Year 11 / 2 / 58		
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5. SEX MALE <input type="checkbox"/>	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 12-12-90	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done part of working life, even if retired) JUNKER	10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and state or country) EFFINGHAM, ILLINOIS /	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME WILLIAM STRETCH	13b. MOTHER'S MAIDEN NAME CERMANTHY STRETCH	14. NAME OF HUSBAND OR WIFE ANNA STRETCH
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give year or dates of service) YES WW-1	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT VAH RECORDS 915 N.GRAND ST. LOUIS, MO. Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) TAXEMIA, DUE TO ACUTE GENERALIZED PERITONITIS GANGRENE OF LOWER EXTERMITIES		INTERVAL BETWEEN ONSET AND DEATH 12 HOURS 3 DAYS
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) GENERALIZED ATHEROSCLEROSIS, GASTRIC ULCER		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> NONE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. attended the deceased from 10-26-58 to 11/2/58 and last saw him live on 11/2/58
 Death occurred at 8:25 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE William S. Sly (Degree or title) M.D.	22b. ADDRESS VAH 915 N.GRAND ST. LOUIS, MO.	22c. DATE SIGNED 11/3/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-5-1958	23c. NAME OF CEMETERY OR CREMATORY St. Louis Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri
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24. FUNERAL DIRECTOR Jos. W. Clark F.H. 1125 Hodiamont	25. DATE RECD. BY LOCAL REG. NOV 5 '58	26. REGISTRAR'S SIGNATURE Carl Smith M.D. m & b.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Alfred J. Baede

Licensed Embalmer No. 266

P. O. Address 11257 Huda

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.