

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

58-002899
Registrar's **2** 507

JAN 28 1959

Registration District No. _____ Primary Registration District No. _____

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-57
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42
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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chronic Hosp.		Length of stay in 1b 2 weeks	d. STREET ADDRESS (If outside, give location) 7049 6635 Wise Ave. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Elizabeth Middle Last Edleman			4. DATE OF DEATH Month 1 Day 14 Year 59		
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jul. 27, 1881	9. AGE (In years) 77 (birth day)	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 during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Nebr.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John - Kennelly	13b. MOTHER'S MAIDEN NAME -- Margaret Richford	14. NAME OF HUSBAND OR WIFE -- Ben Edleman
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) no no	16. SOCIAL SECURITY NO. none	17. INFORMANT Leo Chard 6635 Wise, 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) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 2 mths.
DUE TO (b) 42005		
DUE TO (c) Generalized Arteriosclerosis		2 mths.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Healing Impacted Fracture Left Humerus (10/15/58)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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.) Walking to Bath-room in home	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 10/15/58		

20d. INJURY OCCURRED WHILE AT WORK <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.) 042 home	20f. CITY, TOWN, OR LOCATION St. Louis, St. Louis Co., Mo.	COUNTY	STATE
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21. I attended the deceased from 12-30-58 to 1-14-59 and last saw her/him alive on 12-1-14-59 Death occurred at 7:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) John W. Beckham, M.D.	22b. ADDRESS 5800 Arsenal	22c. DATE SIGNED 1/14/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 1-16-59	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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24. FUNERAL DIRECTOR'S ADDRESS Southern Funeral Home 6322 S. Grand, St. Louis, Mo.	25. DATE FILED BY COUNTY REG. JAN 15 59	26. REGISTRAR'S SIGNATURE J. Chas. Smith Mo
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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 *David Van Fossen*

Licensed Embalmer No. *4242*
P. O. Address *St. Louis, Mo.*

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.