

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-044170

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11337**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 30 1962

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DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

|   |  |   |  |   |  |  |  |   |  |   |  |
|---|--|---|--|---|--|--|--|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b> |  | Length of stay in 1b<br>Days  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> |  | c. CITY OR TOWN <b>Ladue</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Lukes Hospital</b>  |  |   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | d. STREET ADDRESS (If outside, give location)<br><b>18 Oakleigh Lane</b>   |  |   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First Middle Last<br><b>Lillian Maitland Edmondson</b>  |  |   |  |   |  | 4. DATE OF DEATH<br>Month Day Year<br><b>November 26, 1962</b>   |  |   |  |   |  |
| 5. SEX<br><b>Female</b>   |  | 6. COLOR OR RACE<br><b>White</b>  |  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>8-4-1879</b>  |  | 9. AGE (last birthday)<br><b>83</b>   |  | IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min.                              |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>   |  |   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>At Home</b>   |  | 11. BIRTHPLACE (City and state or country)<br><b>Rome, Georgia</b>   |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |  |   |  |
| 13a. FATHER'S NAME<br><b>William George Maitland</b>  |  |   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Ellen Griffin</b>   |  |  |  | 14. NAME OF HUSBAND OR WIFE<br><b>Charles Henry Edmonds</b>   |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |  |   |  | 16. SOCIAL SECURITY NO.<br><b>None</b>  |  | 17. INFORMANT<br>Address<br><b>Mrs. L. Y. Jones, 18 Oakleigh Lane<br/>Ladue 24,</b>  |  |   |  |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Idiopathic pericarditis</b><br>DUE TO (b) <b>Arteriosclerotic coronary artery disease with occlusion, 1 vob.</b><br>DUE TO (c) <b>4201 H</b> |  |   |  |   |  |  |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 week.</b>                                    |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Meningioma, brain; Renal cell carcinoma, right kidney</b>   |  |   |  |   |  |  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |   |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |  | 20a. ACCIDENT <input 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.)  |  |   |  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.   |  | Month, Day, Year  |  | 20d. INJURY OCCURRED WHILE AT WORK <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  |  |
| 21. I attended the deceased from <b>1-5-56</b> to <b>11-26-62</b> and last saw her <sup>her</sup> alive on <b>11-24-62</b><br>Death occurred at <b>12:45 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.                             |  |   |  |   |  | 22a. SIGNATURE<br><i>Lillian Edmondson M.D.</i> (Degree or title)  |  | 22b. ADDRESS<br><b>35 No Central, Clayton 5 40</b>  |  | 22c. DATE SIGNED<br><b>11/26/62</b>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |  | 23b. DATE<br><b>11/26/1962</b>  |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Summerville Cemetery</b>   |  | 23d. LOCATION (City, town, or county)<br><b>Summerville, Georgia</b>   |  | (State)   |  |   |  |
| 24. FUNERAL DIRECTOR<br><b>Lupton Chapel, St. Louis, Mo.</b>  |  |   |  | ADDRESS   |  | 25. DATE RECD. BY LOCAL REG.<br><b>11-26-62</b>  |  | REGISTRAR'S SIGNATURE<br><i>Head Smith, M.D.</i>  |  |   |  |

DR. SKINNER  
35 N. CENTRAL  
CITY WISE

**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. 4611

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.