

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **23101**
REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1557**

JUN 21 1952

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BE L NOR		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BE L NOR	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8346 RACQUET DR		d. STREET ADDRESS (If rural, give location) 8346 RACQUET DR	
3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) W c. (Last) EDER		4. DATE OF DEATH (Month) (Day) (Year) 6-12-52	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 6-19-1906
9. AGE (In years last birthday) 45		10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brewmaster	10. b. KIND OF BUSINESS OR INDUSTRY HYDE PARK Brew
11. BIRTHPLACE (City and State or Foreign Country) MUNICH, GERMANY		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Not Known		13b. MOTHER'S MAIDEN NAME Not Known	
14. NAME OF HUSBAND OR WIFE Eva RITTE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 488-05-0954		17. INFORMANT'S SIGNATURE OR NAME Eva Eder ADDRESS 8346 Racquet Dr	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. Obesity	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. HOW DID INJURY OCCUR? 4201	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		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) (Minute) _____	
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 10-24-1951 , to 6-12-1952 , that I last saw the deceased alive on 6-12-1952 , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE E. J. Lonsche M.D. (Degree or title)		23b. ADDRESS 4885 Natural Bridge	
23c. DATE SIGNED 6-13-52		23d. LOCATION (City, town, or county) (State) Mo	
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE 6-12-52	
24c. NAME OF CEMETERY OR CREMATORY Oak Grove		24d. LOCATION (City, town, or county) (State) Mo	
DATE REC'D BY LOCAL REG. 6-13-52		REGISTRAR'S SIGNATURE Herbert R. Domke MD	
FURNERAL DIRECTOR'S SIGNATURE A. Krou		ADDRESS 2707 N. Grand	

(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed..... *Francis Williamson*

Licensed Embalmer No. *3565*

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 this body is not embalmed, fact should be so stated above.