

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5249

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: 4659g Delmar Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Joshua L. Edwards 363

3. (b) If veteran, name war Unknown 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorce

6. (b) Name of husband or wife Jennie Smith 8. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 22 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 22 If less than one day hr. _____ min. _____

9. Birthplace England
(City, town, or county) (State or foreign country)

10. Usual occupation Stock Broker

11. Industry or business _____

12. Name Unknown

18. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

16. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alice B. Robinson

(b) Address 3841 Olive St.

17. (a) Burial (b) Date thereof 6-17-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cemetary

18. (a) Signature of funeral director Fred. M. Williams

(b) Address 4535 Washington Ave.

19. (a) JUN 17 1940 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 19
(If outside city or town limit, write "RURAL")
(d) Street No. 3841 Olive St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1940 hour 8 minute 45 - A. M.

21. I hereby certify that I attended the deceased from May 9
1940 to June 14, 1940

that I last saw him alive on June 14, 1940

and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to Cardiac Dropsy

Due to Bright's disease, chronic

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature E. J. C. Smith (M. D. or other)
Address 4659g Delmar Date signed 6-14-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed J. G. Sullivan

Licensed Embalmer No.

P. O. Address 1122

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, above space should be left blank.