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13-40
7-39
X23159

MISSOURI JUL 25 1940
Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County St. Louis Mo
(b) City or town St. Louis
(c) Name of hospital or institution 939 Cabanne Ct.
(d) Length of stay: In hospital or institution 2
In this community _____ years, months or days

3. (a) PRINT FULL NAME MARY EDWARDS
3. (b) If veteran, name war _____ 3. (c) Social Security No. 367

4. Sex female 5. Color or race negro 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Edward 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 15 1860
8. AGE: Years 80 Months 1 Days 9 If less than one day hr. min.

9. Birthplace Farmington Mo
10. Usual occupation Housewife

11. Industry or business _____
12. Name Grandison Cunniff
13. Birthplace Farmington Mo
14. Maiden name Katherine Glenn
15. Birthplace Farmington Mo

16. (a) Informant Bear Jackson
(b) Address 939 Cabanne Court
17. (a) _____ (b) Date thereof 7-27-40
(c) Place: burial or cremation Washington Pk

18. (a) Signature of funeral director English Undertaking
(b) Address 2799 Lucas Ave
19. (a) _____ (b) J. F. Bredesk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 0939 Cabanne Court
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24th year 1940 hour 5 minute 25 P. M.
21. I hereby certify that I attended the deceased from July 19 to July 24 1940
that I last saw her alive on July 24 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia
St. Louche
Due to Chronic Nephritis
Hypertension
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
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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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(e) Means of injury _____
23. Signature J. E. Moore (M. D. or other) _____
Address 809 N Jefferson Date signed 7-28-40

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

MOTHER FATHER

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.....

Louis V. Atkins

Licensed Embalmer No.

2847

P. O. Address.....

3644 Firm

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.