

Registration District No. **791** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL" and name of ship)
(c) Name of hospital or institution:
428 Sacramento
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **75yrs**
years, months or days

FILED DEC 21 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County _____
(c) City or town **ST. LOUIS** **10**
(If outside city or town limits, write "RURAL")
(d) Street No. **4287 SACRAMENTO AVE.**
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **6** of the **1940**
year _____ hour **11** minute **50** P. M.

21. I hereby certify that I attended the deceased from **Oct 18 - 210**
_____ 19 _____ to **11-6-** 19 **40**
that I last saw her alive on **Nov 5** and that death occurred on the date and hour stated above.

Immediate cause of death **Senility**
infirmitiy Duration **95 yrs**

Due to **Old age**
Due to **Myocardial degeneration**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **MARIA EDMONDSON**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **COL** 6. (a) Single, widowed, married, divorced **WIDOW**

6. (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **MAY 10, 1845**
(Month) (Day) (Year)

8. AGE: Years **95** Months **5** Days **26** If less than one day _____ hr. _____ min.

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

10. Usual occupation **HOUSEWORK**

11. Industry or business _____

MOTHER FATHER { 12. Name **DOUGLAS EDMONDSON**
13. Birthplace **TENNESSEE**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **MINNIE EDMONDSON**
15. Birthplace **TENNESSEE**
(City, town, or county) (State or foreign country)

16. (a) Informant **ELIZABETH CALLANDER**

(b) Address **4287 SACRAMENTO AVE.**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **11/9/40.**
(Month) (Day) (Year)

(c) Place: burial or cremation **WASHINGTON PARK**

18. (a) Signature of funeral director **C. W. Roberts**

(b) Address **3935 Sycamore Ave**

19. (a) **NOV 8 1940** (Date received in Registrar) (b) **J. D. Bredel** (Registrar's signature)

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. S. Bailey** (M. D. or other) _____
Address **2608 Washington** Date signed **11-8-40**

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 me

Chas. Harris

, Registered Apprentice No. 2349

working under my personal supervision.

Signed

Chas. Harris

Licensed Embalmer No. 2349

P. O. Address _____

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.