

FEB 25 1941

Registration District No. \_\_\_\_\_

791

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
 (b) City or town \_\_\_\_\_  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 4058 A Cote Brilliante  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution  
 In this community about 25 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County 000  
 (c) City or town St. Louis, Mo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4058 A Cote Brilliante Ave  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Edward Edwards

3. (b) If veteran, name war No 3. (c) Social Security No. 720

4. Sex Male 5. Color or race Colored  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Josie Bell Edwards  
 6. (c) Age of husband or wife if alive yes 46 years  
 7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
About 50 hr. min.

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

10. Usual occupation Custodian

11. Industry or business  
 12. Name William Edwards  
 13. Birthplace Hopkinsville, Ky.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name NOT KNOWN  
 15. Birthplace Ky.  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Josie Bell Edwards  
 (b) Address 4058 A Cote Brilliante Ave.

17. (a) Burial (b) Date thereof Jan 18, 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director A. L. Beal Und. Co  
 (b) Address 2726 Lucas Ave.

19. (a) JAN 17 1941 (b) J. H. Brudick  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 15  
 year 41 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from 11/11/40  
 \_\_\_\_\_, 19\_\_\_\_, to 1/15, 1941;  
 that I last saw him alive on 1/15, 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Nephritis  
 Due to cause unknown Duration weeks

Other conditions Rectal Granuloma  
 (Include pregnancy within 3 months of death)  
Lympho granuloma  
 Major findings: Benign  
 Of operations 44  
 Of autopsy 44  
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence 1/18  
 (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 (SINK LEM)  
 23. Signature William H. Drexler M. D. or other \_\_\_\_\_  
 Address 901 N. Vandeventer Date signed 1/18/41

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

Rev. 5-17-39  
1 X1931

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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 Birdie Beal Anderson

Licensed Embalmer No. 2929

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.**