

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12536

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2966

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: De Paul Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Edward Wedge

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary Wedge

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 1, 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 30 If less than one day _____ hr. _____ min.

9. Birthplace England 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Machinist

11. Industry or business 5 years

12. Name Joseph Wedge 1370

13. Birthplace England 1370
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace England 14
(City, town, or county) (State or foreign country)

16. (a) Informant Jr. John B. Wedge

(b) Address 712 Bellerive

17. (a) Burial (b) Date thereof 4-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand Calvary

19. (a) APR - 4 1941 (b) J. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL")

(d) Street No. 712 Bellerive 19
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31st
year 1941 hour 11 minute 45 p. M.

21. I hereby certify that I attended the deceased from May 9
1940, 1940 to 3/31/41, 1941;
that I last saw him/alive on 3/31/41, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure
Hypertension

Due to _____

Due to _____

Other conditions Hypertension, Coronary
(Include pregnancy within 3 months of death)

Major findings: Prostate enlargement
Chronic myocardial infarction

Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

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 _____

(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)

(f) Means of injury 0

23. Signature John B. Wedge (M. D. or other) 0

Address 517 Olive St. St. Louis Date signed 4/1/41

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..... *Virgil L. Berryman*.....

Licensed Embalmer No..... *4018*.....

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.