

S. No. 2
1-14-41
5-17-39
X 3390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941
791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

17011
State File No. 4529
Registrar's No.

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital. #10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Weeks.
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County _____
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 4520 N. Euclid Ave.
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edna Edgar.
(b) If veteran, name war No.
(c) Social Security No. None.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 28
year 1941 hour 11 minute 52 P.M.
21. I hereby certify that I attended the deceased from _____
_____ 19____ to _____ 19____;
that I last saw h _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

4. Sex Female/ 5. Color or race White
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Alva Edgar.
6. (c) Age of husband or wife if alive 46. years
7. Birth date of deceased January 29 1904
(Month) (Day) (Year)

Immediate cause of death Hemorrhage due to Premature Separation of the Placenta
Due to _____
Other conditions Past Partum Hemorrhage.
(Include pregnancy within 3 months of death)
Major findings: 1460
Of operations _____
Of autopsy Death after delivery

8. AGE: Years Months Days If less than one day
37 3 29 hr. min.

9. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business _____

12. Name John William Free.

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

14. Maiden name Anna Fenner.
(City, town, or county) (State or foreign country)

15. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Alva Edgar.

(b) Address 4520 N. Euclid Ave.

17. (a) Burial (b) Date thereof 5-31-41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.

19. (a) MAY 29 1941 (b) J. N. Bredek
(Date received local registrar) (Registrar's signature)

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? _____

(Specify type of place) (e) Degree of injury _____
While at work _____
23. Signature Alfred Perry (M. D. or other) 3
Address Capitol Hill Date signed 5/29/41

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 Walter L. Ponder

Licensed Embalmer No. 3767

P. O. Address 2223 St. Louis an

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.