

16416
S. No. 2
4-9.4-41
P. 5-17-39
-1 X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8506
3087

State File No.

FILED APR 17 1942

Registration District No.

Primary Registration District No. 1003

Registrar's No.

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: St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 Days
(Specify whether Life) In this community Life
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. 2019 South Second Street
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Ernest Edwards
(b) If veteran, name war none
(c) Social Security No. 499-03-5092

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 4, year 1942 hour 6:20 minute A. M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Divorced
(b) Name of husband or wife Laura 6. (c) Age of husband or wife if alive 20 years
7. Birth date of deceased December 13, 1916
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 19, 1942 to April 4, 1942 that I last saw him alive on April 4, 1942 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>25</u>	<u>4</u>	<u>1</u>	hr. min.

Immediate cause of death: Rheumatic Heart Disease with Pulmonary arterial thrombosis and infarcts of the lung.
Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death) 92 b.
92 a.

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

10. Usual occupation Chauffeur

11. Industry or business Pennant Truck Company

MOTHER FATHER {
12. Name Charles Edwards
13. Birthplace Michigan
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Miller
15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Laura Edwards (Mother)

(b) Address 2019 South Second Street

17. (a) Burial (b) Date thereof 4-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) APR 6 1942 J. F. Brudick
(Date received local registrar) (Registrar's signature)

Major findings: Of operations.....
Of autopsy above

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) (e) Means of injury.....

23. Signature A. B. Jones M.D. (Date signed) 4/11/42
Address 1515 Lafayette Avenue

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

00
17
9

000
23
17
9

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 L R Cooper
Licensed Embalmer No. 3633
P. O. Address 2317 Lafayette

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.