S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 27 1942

Registration District No. 1784

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15682

Primary Registration District No. 107

Registrar's No. 888

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

1. PLACE OF DEATH:
(a) County: Saint Louis
(b) City or town: Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Saint Louis County Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 hours (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Saint Louis
(c) City or town: South Kinloch
(If outside city or town limits, write "RURAL")
(d) Street No.: Monroe & Scott Aves.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No): 0
If yes, name country: 1

3. (a) PRINT FULL NAME: FAY EDWARDS

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: F

5. Color or race: Col.

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

6. (b) Name of husband or wife: David Edwards

6. (c) Age of husband or wife if alive: 47 years

7. Birth date of deceased: December (Month) 12 (Day) 1886 (Year)

8. AGE: Years 55 | Months 4 | Days 4 | If less than one day ___ hr. ___ min.

9. Birthplace: unknown (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation: housewife

11. Industry or business: --

FATHER
12. Name: unknown Weaver
13. Birthplace: unknown (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name: Lewis Danlels
15. Birthplace: Alamance Co. (City, town, or county) N. Carolina (State or foreign country)

16. (a) Informant: Henry Thompson
(b) Address: So. Kinloch, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 4/23/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington Park

18. (a) Signature of funeral director: Boyd Bros
(b) Address: Lix Ave, Kinloch Mo.

19. (a) APR 22 1942 (Date received local registrar) (b) E. G. McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16th year 1942 hour 7 minute 500 A.M.

21. I hereby certify that I attended the deceased from 3-27-1942 to 4-16-1942 that I last saw her alive on 8 a.m. 4-16-1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis — Duration: 1 year or more

Due to: Hypertension

Due to:

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.

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)
While at work? — (e) Means of injury: —

23. Signature: E. G. McGovern (M. D. or other)
Address: Kinloch, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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. Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

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.