

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 6 1942

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 28684  
Registrar's No. 7947

Registration District No. 318  
Primary Registration District 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: BARNES HOSPITAL 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 weeks  
(Specify whether years, months or days)  
In this community 5 weeks

2. USUAL RESIDENCE OF DECEASED:  
(a) State ILLINOIS 997  
(b) County MADISON  
(c) City or town GRANITE-CITY ILL  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2309 WASHINGTON 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 2

3. (a) PRINT FULL NAME Clinton Lloyd Edwards  
3. (b) If veteran, name war NO  
3. (c) Social Security No. 309-16-7946

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept. day 23  
year 1942 hour 12 minute 15 P.M.  
21. I hereby certify that I attended the deceased from August 23 1942 to Sept 23 1942;  
that I last saw him alive on September 23 1942  
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MARGARET  
6. (c) Age of husband or wife if alive 21 years

Immediate cause of death Central hemorrhage of the brain  
Due to Ruptured Mycotic Aneurysm of the brain  
Due to Embolus of subacute bacterial endocarditis  
Due to Streptococcus viridans  
Other conditions \_\_\_\_\_  
(Includes pregnancy within 3 months of death)

7. Birth date of deceased FEB- 24- 1918  
(Month) (Day) (Year)  
8. AGE: Years 24 Months 7 Days  If less than one day hr. min.

9. Birthplace ATTICA - INDIANA 1  
(City, town, or county) (State or foreign country)  
10. Usual occupation PRESS- OPERATOR  
11. Industry or business ALUMINIUM PLANT OF AMERICA

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

12. Name WILLIAM EDWARDS -  
13. Birthplace RAINSVILLE IND-1  
(City, town, or county) (State or foreign country)  
14. Maiden name ADASIA SHAFER  
15. Birthplace RAINSVILLE INDI  
(City, town, or county) (State or foreign country)  
16. (a) Informant MRS-CLINTON-EDWARDS  
(b) Address 2309 WASHINGTON GRANITE CITY  
17. (a) Burial, cremation, or removal Removal  
(b) Date thereof 9-24-42  
(Month) (Day) (Year)  
(c) Place: burial or cremation SUNSET-HILL-Granite City  
18. (a) Signature of funeral director Charles E. Mercer  
(b) Address Granite City Ill  
19. (a) SEP 24 1942 (b) J. F. Madock  
(Date received local Registrar) (Registrar's signature)

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? No  
(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature F R Bradley (M. D.)  
Address BARNES HOSPITAL Date signed 9/23/42

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

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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.....

*Charles E. Mercer*

Licensed Embalmer No.....

*2988*

P. O. Address.....

*Grants City*

**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.**