

FILED JAN - 5 1943

State File No.

Registration District No.

Primary Registration District No. 100

Registrar's No. 10889

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.
(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:
821 Madison Avenue., /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(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. 823 Madison Avenue.,
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Willis Johnson Edwards

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 Married

6. (b) Name of husband or wife Sinie Edwards 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased. April 11, 1889
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 15 If less than one day hr. min.

9. Birthplace Unknown Kentucky /
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Carpenter

11. Industry or business

12. Name William F. Edwards

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

14. Maiden name Unknown Yandel

15. Birthplace Unknown Kentucky /
(City, town, or county) (State or foreign country)

16. (a) Informant Sinie Edwards

(b) Address 823 Madison Avenue.,

17. (a) Removal (b) Date thereof 12/28/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mayfield, Kentucky

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.,

19. (a) DEC 20 1943 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26
year 1942 hour 6 minute 30P M.

21. I hereby certify that I attended the deceased from Dec 22
1942 to Dec 26 1942
and that death occurred on the 26 date and hour stated above.

Immediate cause of death Carcinoma
Resect. (metastasis)
Duration 6 mo.

Due to.....
Due to.....

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy.....

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 W. Sawbury (M. D.)
Address 3758 Lafayette Date signed 12/28/42

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

MOTHER FATHER

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 *Hughes & Burnley*
Licensed Embalmer No. *4202*
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.