

**MAY 19 1943**  
Registration District No. **318**

Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
In this community 31 years (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Mamie Edwards  
**3. (b) If veteran,** name war No  
**3. (c) Social Security** No. 486-28-4986

**4. Sex** Fem **5. Color or race** Col  
**6. (a) Single, widowed, married, divorced, Widowed**  
**6. (b) Name of husband or wife** Homer Edwards  
**6. (c) Age of husband or wife if alive** Deceased  
**7. Birth date of deceased** August 21, 1898  
(Month) (Day) (Year)

**8. AGE:** Years 44 Months 8 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** Guthrie Oklahoma  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Maid

**11. Industry or business** \_\_\_\_\_

**MOTHER** { **12. Name** Chas. Perkins  
**13. Birthplace** Arkansas  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Matilda Bohanan  
**15. Birthplace** Tennessee  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Ardell Williams

**(b) Address** 3400a Laclede Avenue

**17. (a) Removal** Removal **(b) Date thereof** 4/12/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** E. St. Louis, Ill

**18. (a) Signature of funeral director** R. M. C. Green

**(b) Address** 3517 Laclede Avenue

**19. (a)** MAY 11 1943 **(b)** J. F. Bruch  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3105 Laclede  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month May day 6,  
year 1943 hour 7 minute 50 A. M.

**21. I hereby certify that I attended the deceased from** May 2,  
1943 to May 6, 1943;  
that I last saw her alive on May 6, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia (autopsy)  
Duration 1 week

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 108  
(Include pregnancy within 3 months of death)

Major findings: 108  
Of operations \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

**23. Signature** J. F. Bruch (M. D. or other) \_\_\_\_\_

Address 2601 N. 5th Street Date signed 5/7/43

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 *A. M. Green*

Licensed Embalmer No. 1173

P. O. Address 3517 So. Claude Ave

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.