

No. 2  
1-2-43  
-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26021

Registrar's No. 1687

Registration District No. 17

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town FLORISSANT  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Emerson Electric Plant 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4671a Pope Ave.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Raymond J. Edwards

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

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

7. Birth date of deceased October 7th 1908  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
34 9 15 hr. min.

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

10. Usual occupation Guard-Emerson

11. Industry or business Emerson Electric Plant

MOTHER { 12. Name Charles Edwards

13. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Florence Martin

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

16. (a) Informant Mrs. Catherine Edwards-wife

(b) Address 4671a Pope Ave.

17. (a) Burial (b) Date thereof 7-26-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan Brothers  
(b) Address 2849 No. Euclid Ave.

19. (a) JUL 24 1943 (b) C. J. McHenry, M.D.  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22nd  
year 1943 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from 2-3-43  
..... 19..... to 7-22-43 19.....  
that I last saw him alive on 6-2-43 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion  
Due to.....  
Due to.....

Other conditions.....  
(include pregnancy within 3 months of death)  
Major findings: 9/4a  
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)  
(c) Means of injury.....  
Signature Halpin (M. D. or other) M.D.  
Address 5074 N. Union Date signed 7-22-43

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

Dr. Harry A. Klein,

Union Blvd.,

*Mu 1030*

*between 11-12 AM*

MAY 18 1964

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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 *Albert S. Mayfield*

Licensed Embalmer No. *3077*

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.