

026
No. 2
M-2-43
5-17-39
X3559

FILED AUG 18 1943

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7192

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution:
St. Louis City Hospital
(d) Length of stay: In hospital or institution 7 Days
In this community.....
years, months or days

3. (a) PRINT FULL NAME Edward E. Early

3. (b) If veteran. No name war. 3. (c) Social Security No. None

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

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

7. Birth date of deceased July 1 - 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 1 3 hr. min.

9. Birthplace Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business General Labor

12. Name John Early

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Bridget M. Brodie

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Juno M. Nunn

(b) Address Pacific No

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

(c) Place: burial or cremation Catholic Church

18. (a) Signature of funeral director J. J. Budick

(b) Address Pacific No

19. (a) None (b) J. J. Budick
(Date and local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis - 912
(c) City or town St. Louis - 912
(d) Street No. 4641 Washington
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4, year 1943 hour 5:15 minute A. M.

21. I hereby certify that I attended the deceased from July 29, 1943 to August 4, 1943;

that I last saw him alive on August 4, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia, Senility, Heart failure due to arterio-sclerosis, heart disease

Due to.....

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations.....

Of autopsy Refused

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?.....

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

23. Signature Robert R. Hartman (M. D. or other) M.D.
Address 1515 Lafayette Avenue Date signed 8/11/43

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

7192

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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.....

working under my personal supervision:

Registered Apprentice No.....

Signed.....

Geo. L. Hughes

Licensed Embalmer No. *3008*

P. O. Address *Pacific 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.