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29389

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

SEP 21 1943

818

Primary Registration District No. 1003

Registrar's No. 8144

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Hpts Aldine 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community lifetime (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4443 Aldine
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nellie Edwards

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife Joe Edwards 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased Feb. 23 1865
(Month) (Day) (Year)

8. AGE: Years 88 Months 6 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business at home

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Theresa Bolden

(b) Address 4443 Aldine

17. (b) Date thereof Sept 14 1943 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters

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

(b) Address 2906 Lawton

19. (a) SEP 13 1943 (b) J. Bruden (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6 year 1943 hour 11:00 minute 0 a. M.

21. I hereby certify that I attended the deceased from _____ 1943 to _____ 1943

that I last saw her alive on Sept 6 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Crown Thrombosis

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 121
Of autopsy _____

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

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 F. J. Aldrich (M. D. or other) _____

Address 2608 Franklin Ave Date signed 7-2-43

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

MOTHER FATHER

Dr. J. Adria
3605 Franklin

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 Arthur L. Holliard
Licensed Embalmer No. 4221
P. O. Address 4219th E. Harvard

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.