V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 23 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32240

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8760

1. PLACE OF DEATH:

(a) County

(b) City or town city of St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lutheran Hospital
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town city of St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4146 Bates St.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Robert R. Edwards

3. (b) If veteran, name war none

3. (c) Social Security No.

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Evelyn Edwards

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased March (Month) 17 (Day) 1906 (Year)

8. AGE:

Years	Months	Days	If less than one day
38	6	26	hr. min.

9. Birthplace (City, town, or county) Oklahoma 1 (State or foreign country)

10. Usual occupation carpenter

11. Industry or business

FATHER
12. Name James Edwards
13. Birthplace (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name Virginia McKee
15. Birthplace (City, town, or county) Illinois 1 (State or foreign country)

16. (a) Informant Evelyn Edwards
(b) Address 4146 Bates Street

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-16-44 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 South Grand Blvd.

19. (a) OCT 16 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13th year 1944 hour 5:30 minute 5 p.M.

21. I hereby certify that I attended the deceased from September 16 1944 to October 13 1944 that I last saw him alive on Oct 13 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute cardiac dilatation	5 min
Due to: Rheumatic hl disease c̄ myocardial failure	3 mo
Due to	
Other conditions: Rt lobar pneumonia c̄ pleural effusion (Include pregnancy within 3 months of death)	1 mo

Major findings:
Of operations
Of autopsy

108

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

23. Signature R. Amussbaum 0 (M. D. ~~or other~~)
Address 3651 Grandel Sq Date signed 10-14-44

(Licensed Embalmer's Statement on Reverse Side)

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 Virgil L. Berryman

Licensed Embalmer No. 4018

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.