S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7653

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2816

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 27yrs.1mo.29ds. (Specify whether years, months or days)
In this community 39 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4449 Lucky St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY EDINBURGH

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Col

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

6. (b) Name of husband or wife

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

7. Birth date of deceased February 26 1884 (Month) (Day) (Year)

8. AGE: Years 61 Months 0 Days 21 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name David Edinbergh
13. Birthplace Virginia (City, town, or county) (State or foreign country)

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

16. (a) Informant Thelma Dingler
(b) Address 5400 Arsenal

17. (a) Anatomical Board (Burial, cremation, or removal) Date thereof 2-21-45 (Month) (Day) (Year)
(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. Rightmire
(b) Address 3500 Rutger St.

19. (a) MAR 29 1945 (Date received local registrar) (b) J. F. Bridwell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17, year 1945 hour 11.55 minute P M.

21. I hereby certify that I attended the deceased from July 1st 1938 to March 17, 1945 that I last saw her alive on March 17, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to Uremia	since 3/10/45
Due to Nephritis from Chr Nephritis	since 2/17/45
Other conditions Senility. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature A. K. Burch (M. D. or other)
Address 5400 Arsenal Date signed 3/15/45

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.