

FILED NOV 19 1945

Registration District No.

Primary Registration District No. 6076

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:
218 New York St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 91

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

(d) Street No. 218 New York St
(If rural, give location)

(e) Citizen of foreign country? U.S.A. (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME SALLIE EDWARDS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2
year 1945 hour 3 minute 15 M.

21. I hereby certify that I attended the deceased from
Oct 15 1945 to Nov 3 1945
that I last saw her alive on Oct 31 1945
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race Col

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

6. (b) Name of husband or wife Ed Edwards 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased: (Month) 6 (Day) 15 (Year) 1884

Immediate cause of death Chronic myocarditis Duration 2 mos

8. AGE: Years 61 Months 4 Days 19 If less than one day hr. _____ min. _____

Due to _____

Due to _____

9. Birthplace: Cottland (City, town, or county) Alan (State or foreign country)

Other conditions Gastric Ulcer 3 weeks
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings:
Of operations _____

Of autopsy _____

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

11. Industry or business _____

MOTHER FATHER { 12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Ed Edwards

(b) Address 218 New York St

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 11-7-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Dicken Care

(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? _____

18. (a) Signature of funeral director John H. Humphreys

(b) Address 409 S. Filmore Ave. St. Louis

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

19. (a) 11-7-45 (b) E. G. M. Barron M.D.
(Date received local registrar) (Registrar's signature)

23. Signature E. E. Barnett (M. D. or other) _____
Address 243 W. Jefferson St. St. Louis Date signed 11-5-45

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

6
4
3

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.....

Myself....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *R. R. Harris*

Licensed Embalmer No. *2266*

P. O. Address *R. 812 Thomas St.*

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.