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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 29 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35210 10053

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

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: Homer Phillips Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community years, months or days)

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. 2725 Cass (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANNIE EDMONDS
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex FEMALE 3
5. Color or race COL
6. (a) Single, widowed, married, divorced 2 Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 24 (Day) 1877 (Year)
8. AGE: Years 68 Months 4 Days 2 If less than one day hr. min.
9. Birthplace Unknown (City, town, or county) Tenn (State or foreign country)
10. Usual occupation None
11. Industry or business None
FATHER 12. Name Bradford
FATHER 13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name MATERUA WOMACK
MOTHER 15. Birthplace Unknown (City, town, or county) Tenn (State or foreign country)
16. (a) Informant Lily Edmonds
(b) Address 1101 B. Mill st. St Louis mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Nov. 21 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Green Wood Cemetery
18. (a) Signature of funeral director Mael Vasser
(b) Address 2812 Cass ave
19. (a) NOV 21 1945 (Date received by registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16 year 1945 hour 3:xx minute 15 P M.
21. I hereby certify that I attended the deceased from 11-12-45, 1945 to 11-16-, 1945; that I last saw her alive on 11-16-45, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Glomerulonephritis with Uremia	Unk
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy Yes

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 W. B. Bergmann (M. D. or other)
Address 2601 N Whittier Date signed 11/19/45

(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 Chas. L. Hoivell

Licensed Embalmer No. 2452

P. O. Address 283 4 Gramble

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.