

S. No. 2
M-8-43
5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39111**
Registrar's No. **10739**

Registration District No. **348** Primary Registration District No. **1003**

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: **Mo. Baptist Hospital**
(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

3. (a) PRINT FULL NAME **Francis Edwards**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **Unk.**

4. Sex **Female** / 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Willard G. Edwards**
6. (c) Age of husband or wife if alive **58** years
7. Birth date of deceased **May 17 1893**
(Month) (Day) (Year)

8. AGE: Years **52** Months **6** Days **21** If less than one day
hr. _____ min. _____

9. Birthplace **Higbee Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Harden Williams**
13. Birthplace **Howard Co. Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Hern**
15. Birthplace **Howard Co. Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dr. E. D. Edwards**
(b) Address **4216 Shaw Ave.**

17. (a) **Burial** (b) Date thereof **12-10-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Higbee, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **DEC 10 1945** (b) **J. J. Brede**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Randolph**
(c) City or town **Higbee**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **8**
year **1945** hour **6** minute **43**
21. I hereby certify that I attended the deceased from **Dec 6 1945**
to **Dec 8 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Neoplasm, Malignant**
Duration _____

Due to _____

Due to _____

Other conditions **None**
(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? _____

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

23. Signature **Arthur W. Williams** (M. D. or other) _____

Address **2341 Marquette Blvd** Date signed **12/10/45**

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

FEB 7 1943

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 Elmer R. Padwell

Licensed Embalmer No. 4077

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.