

1. PLACE OF DEATH:

(a) County Howard St Louis

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

(c) Name of hospital or institution: Robert Koch
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 916 1/2 N Sarah 9
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Howard Edwards

3. (b) If veteran, name war -

3. (c) Social Security No. yes

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 14
year 46 hour 9 minute 53 A.M.

21. I hereby certify that I attended the deceased from 5-16 to 5-14 1946
that I last saw him in alive on 5-14 and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race n

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

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

6. (c) Age of husband or wife if alive 24 years 08

7. Birth date of deceased (Month) 3 (Day) 24 (Year) 08

Immediate cause of death Pulmonary Tuberculosis

Due to 138

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

8. AGE: Years 38 Months 1 Days 20 If less than one day hr. _____ min. _____

9. Birthplace St Louis MO
(City, town, or county) (State or foreign country)

10. Usual occupation musician

MOTHER FATHER

11. Industry or business _____

12. Name August Edwards

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

14. Maiden name Georgia Berg
(City, town, or county) (State or foreign country)

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

16. (a) Informant Hospital Beery

(b) Address 1017 1/2 N. Koch, Mo

17. (a) burial (b) Date thereof 5-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director Charles P. Toney

(b) Address 3129 Lucas Ave

19. (a) 5-15-46 (b) E. W. McDaniel
(Date received local registrar) (Registrar's signature)

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 injury) _____

(e) Means of injury 0

Signature Bernard Freeman (M. D. or other) MD

Address Koch, Mo Date signed 5-14-46

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

16910

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.....

Clark Young

Licensed Embalmer No. *3371*

P. O. Address. *St. Louis*

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.