

V. S. No. 2
00M-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18359

FILED MAY 27 1946

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1406**

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:
City Sanitarium 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 yrs. 6 mos. 22 ds.
(Specify whether
In this community 19 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 5400 Arsenal
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN EDWARDS

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex MALE 5. Color or race COL

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

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

7. Birth date of deceased November 28, 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

57 5 13 hr. min.

9. Birthplace not given Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Porter

11. Industry or business

MOTHER FATHER

12. Name not known

13. Birthplace not known
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Robinson

(b) Address 5400 Arsenal

17. (a) Burial (b) Date thereof 5-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director J. H. Harrison

(b) Address 2900 Benton

19. (a) MAY 16 1946 (b) J. S. Medeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1946 hour 1.00 minute A M.

21. I hereby certify that I attended the deceased from Feb. 15, 1946, to May 11, 1946, that I last saw him alive on May 11, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death

Nephrosclerosis, bilateral 3 yrs

Due to Hypertensive Cardio-vascular Disease

Due to 1936x.

Other conditions (Include pregnancy within 3 months of death) 12/1

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?

23. Signature Jack Klidman (M.D. or other)

Address 5400 Arsenal Date signed 5/13/46

(Licensed Embalmer's Statement on Reverse Side)

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

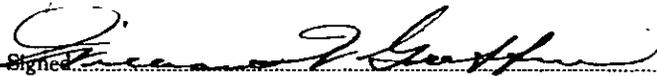
17237

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. 4091

P. O. Address St. Louis, Mo.

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.