

S. No. 2
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-5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31703

FILED SEP 24 1946
318

State File No.

Registration District No.

Primary Registration District No. **1003**

Registrar's No. **8018**

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **St. Louis**

(c) Name of hospital or institution: **Missouri Pacific Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **10 days**
(Specify whether years, months or days) **10 days**

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **St. Clair**

(c) City or town **Dupo**
(If outside city or town limits, write "RURAL.")

(d) Street No. **509 Louisa Ave.**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No) **2**

If yes, name country _____

3. (a) PRINT FULL NAME **JOHN FRANCIS EDWARDS**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **102 14 8929**

4. Sex **male**

5. Color or race **white**

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

6. (b) Name of husband or wife **Lucy Mae**

6. (c) Age of husband or wife if alive **43** years

7. Birth date of deceased **Jan. 23, 1903**
(Month) (Day) (Year)

8. AGE: Years **43** Months **7** Days **23**
If less than one day _____ hr. _____ min.

9. Birthplace **Pudaka Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **machinist**

11. Industry or business **Missouri Pacific Railroad**

12. Name **William F. Edwards**

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

14. Maiden name **Nora Lee Stewart**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs. Lucy Edwards**

(b) Address **Dupo, Illinois**

17. (a) **Removal** (b) Date thereof **Sept. 17, 46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dupo, Illinois**

18. (a) Signature of funeral director **Harold A. Washburn**

(b) Address **400 S. Main Dupo, Illinois**

19. (a) **SEP 17 1946** (b) **J. F. Brebeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **SEPT** day **16**
year **1946** hour **4** minute **30 P.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on **SEPT 16**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **CORONARY THROMBOSIS** Duration **10 DAYS**

Due to **CORONARY ARTERIOSCLEROSIS** UNKNOWN

Due to _____

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

Major findings: **94**

Of operations _____

Of autopsy **AS ABOVE**

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 **1**

23. Signature **Wm. J. Sherid** (M. D. or other) **1**

Address **Mo. Pac. Hosp.** Date signed **9-16-46**

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

0
7
9

30.1

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.....

..... **Body not embalmed**, Registered Apprentice No.....
working under my personal supervision.

Signed..... *Harold A. Pachner*

Licensed Embalmer No.....

P. O. Address..... **Dupo, Illinois**

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.