

**FILED FEB 24 1947**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1687**

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

**1. PLACE OF DEATH:**  
 (a) County.....  
 (b) City or town Saint Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Memorial Home, 2609 S. Grand Blvd. 5  
(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** William F. Edmonds  
**3. (b) If veteran,** name war -- **3. (c) Social Security** No. --

**4. Sex** Male **5. Color or race** White  
**6. (a) Single, widowed, married, divorced.** Widowed  
**6. (b) Name of husband or wife.** Not known **6. (c) Age of husband or wife if alive.**.....years  
**7. Birth date of deceased** Oct. 20, 1876  
(Month) (Day) (Year)

**8. AGE:** Years 70 Months 3 Days 27  
 If less than one day  
 hr. min.

**9. Birthplace** Lamar, Ar Arkansas  
(City, town, or county) (State or foreign country)  
**10. Usual occupation.** Cook on board ships

**11. Industry or business**  
**12. Name** Edward C. Edmonds  
**13. Birthplace** Sparta Ill.  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Mary E. Pyburn  
**15. Birthplace** Sparta Ill.  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs. S. Shaw  
**(b) Address** 2609 S. Grand Blvd.

**17. (a) Burial** **(b) Date thereof** Feb. 19, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** St. Pauls Churchyard

**18. (a) Signature of funeral director.** Craig Mortuary  
**(b) Address** 4468 Washington -8-

**19. (a) FEB 18 1947** **(b)** [Signature]  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo. (b) County.....  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2609 S. Grand Blvd.  
(If rural, give location)  
 No. 9  
 (e) Citizen of foreign country? No. (Yes or No) 0.  
 If yes, name country.....

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Feb. day 17  
 year 1947 hour 3 minute 30 P.M.  
**21. I hereby certify that I attended the deceased from** Apr. 1946 to Feb. 17, 1947  
 that I last saw him alive on Feb. 14, 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Chc. Myocarditis  
Peritomy  
 Due to.....  
 Due to.....  
 Other conditions.....  
(Include pregnancy within 3 months of death)

Duration

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** [Signature] (M. D. or other) MD  
 Address 3903 O. Ave Date signed 2-18-47  
(Specify type of place) (c) Means of injury

St. Louis & Mo

10-10-1917

**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 Philip M. Army  
Licensed Embalmer No. 3281

P. O. Address 4468 Washington-8-

**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.**