

S. No. 2
-12-45
5-17-39
P1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6223**
1515
Registrar's No.

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(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 **6-days** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Overland**
(If outside city or town limits, write "RURAL")
(d) Street No. **2327-Wallis Avenue**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Samuel B. Edwards**
(b) If veteran, name war **None**
(c) Social Security No. **493-05-2359**

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **Jean A**
6. (c) Age of husband or wife if alive **43** years
7. High date of deceased **April 18 1896**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 **9** **23** hr. min.

9. Birthplace **N. Car.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Maintenance-man**

11. Industry or business **Union Elec. Co.**

MOTHER FATHER {
12. Name **Douglas Edwards**
13. Birthplace **N. Car.**
(City, town, or county) (State or foreign country)
14. Maiden name **Alice White**
15. Birthplace **N. Car.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Jean A. Edwards**
(b) Address **2327-Wallis Ave-Overland, Mo**

17. (a) **Burial** (b) Date thereof **2-14-47**
(Burial, cremation, or other disposition) (Month) (Day) (Year)
(c) Place: burial or cremation **Oak Grove Cemetery**

18. (a) Signature of funeral director **Baumman Bros Inc**
(b) Address **2504-Woodson Rd-Overland, Mo**

19. (a) **FEB 13 1947** (b) **J. F. Bredick**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **11** year **1947** hour **11** minute **30** A. M.
21. I hereby certify that I attended the deceased from **Dec - 29-46** to **Feb - 11 1947**
that I last saw him alive on **Feb - 11 - 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute dilatation of heart** Duration **2 days**
Due to **Virus Pneumonia** **1 mo. 13 days**
Due to **109**
Other conditions: **-**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **-**
Of autopsy **Same as above**
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) **no**
(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 **Roy A. Hatcher** (M. D. or other) **-**
Address **2428 Woodson Rd. Overland Mo.** Date signed **2-12-47**

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

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..... *Oscar F. Mueller*

Licensed Embalmer No..... *3039*

P. O. Address..... *Overland (14) 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.