

No. 2  
12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32469

FILED SEP 18 1947

State File No. ....

Registration District No. .... Primary Registration District No. 1003 Registrar's No. 3326

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Barnes Hospital, 0  
(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 96  
(c) City or town Saint Louis 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7165 Kingsbury Avenue. 0  
N.R. (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Bateman Edwards

3. (b) If veteran, name war 1st World War 3. (c) Social Security No. ....

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jessie Edwards 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased April 24, 1898  
(Month) (Day) (Year)

8. AGE: Years 49 Months 4 Days 7 If less than one day hr. min.

9. Birthplace Bangor Maine 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Professor at Washington University.

11. Industry or business .....

12. Name Frederick A. Edwards

13. Birthplace Maine 1  
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jessie Edwards.

(b) Address 7165 Kingsbury Ave.

17. (a) Cremation (b) Date thereof Sept. 2, 1947.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (c) Signature of funeral director Craig Mortuary, 1168 Washington-8-

(b) Address SEP 2 1947 J. P. Bruneel  
(Date received local report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1  
year 1947 hour 9 minute 55 A.M.

21. I hereby certify that I attended the deceased from Aug. 26  
1947 to Sept 1, 1947  
that I last saw him alive on Sept 1, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death .....

Hemolytic Anemia  
Due to Carcinoma of the stomach

Due to .....

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

Major findings: Of operations .....

Of autopsy As above

Duration

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 .....

23. Signature F. L. Bradley (M. D. or dentist) 0  
Address Barnes Hospital Date signed 9/1/47

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

MOTHER FATHER

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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.....

NO EMBALMING

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**