S. No. 2
M—1/47
r. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36615

FILED OCT 29 1947

Registration District No. 17

Primary Registration District No. 6076

Registrar's No. 2231

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Veterans Admn. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1457a Dodier 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country —

3. (a) PRINT FULL NAME EDWARDS, Ronald F.
3. (b) If veteran, name war WW-1
3. (c) Social Security No. 489-05-0479
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Mrs. Ethel Edwards
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased January (Month) 29 (Day) 1896 (Year)

8. AGE: Years 51 Months 8 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace Poplar Bluff, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Deputy Assessor
11. Industry or business —
FATHER
12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Registrar
(b) Address Jefferson Barracks, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/22/47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.
18. (a) Signature of funeral director Sullivan Fun. Home
(b) Address 2849 No. Euclid, St. Louis, Mo.
19. (a) 10-23-47 (Date received local registrar) (b) Beula J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19
year 1947 hour 2 minute 45(?) A.M.

21. I hereby certify that I attended the deceased from October 6, 1947, to October 16, 1947; that I last saw him alive on October 16, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death SQUAMOUS CELL, CARCINOMA OF LARYNX, TERMINAL	UNK
Due to	
470	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(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? (Specify type of place)
(e) Means of injury 0

23. Signature L. E. Stilwell (M. D. or other) xxx
L. E. STILWELL, M.D.
Address VAH-Jefferson Barracks, Mo. Date signed 10/20/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

OCT 28 1947

OCT 31 1947

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 Robert L Brunkman

Licensed Embalmer No. 3553

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.