

S. No. 300  
V. 10.48

FILED AUG 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28008**  
Registrar's No. **7182**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) H. c. (Last) Edwards,			4. DATE OF DEATH (Month) (Day) (Year) August 15, 1949		
5. SEX Male, <input checked="" type="checkbox"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married, <input checked="" type="checkbox"/>	
8. DATE OF BIRTH October 29, 1904		9. AGE (In years last birthday) 44		10. IF UNDER 1 YEAR Months 11. IF UNDER 12 HRS. Hours 12. IF UNDER 15 MINS. Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur		10b. KIND OF BUSINESS OR INDUSTRY American Railway Express		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Orten Edwards,		13b. MOTHER'S MAIDEN NAME Grace E. Hutton,	
14. NAME OF HUSBAND OR WIFE Clara R. Edwards,		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 11/24/20-11/23/21		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Clara R. Edwards,		17. ADDRESS 2831 Pennsylvania Ave.,		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	
19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 94	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:05 P. m., from the causes and on the date stated above.					
23a. SIGNATURE Patrick E. Taylor, Cor.		23b. ADDRESS 1300 - Clark		23c. DATE SIGNED 8-17-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 19, 1949		24c. NAME OF CEMETERY OR CREMATORY National Cemetery,	
24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary,		25. ADDRESS 2842 Meramec St.,	
DATE REC'D BY LOCAL REG. AUG 17 1949		REGISTRAR'S SIGNATURE J. B. Kasater		(Licensed Embalmer's Statement on Reverse Side)	

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

St. Louis, 18, Mo.

**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 ME

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Joe S. Benz

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4249

2842 Meramec St.,  
P. O. Address St. Louis, 18, 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.