

STANDARD CERTIFICATE OF DEATH

State File No. **18019**
4883
 Registrar's No. _____

FILED JUN 9 1950

BIRTH NO. _____ 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 Missouri b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 3219 Bailey Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3219 Bailey Ave.		e. CITY OR TOWN St. Louis	

3. NAME OF DECEASED (Type or Print) Edgar			4. DATE OF DEATH (Month) (Day) (Year) June 2, 1950		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH June 30, 1884		9. AGE (In years last birthday) 65		10. IF UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Furniture Mfg.		11. BIRTHPLACE (State or foreign country) Alton, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Robert Bridgforth		13b. MOTHER'S MAIDEN NAME Ruth Hall		14. NAME OF HUSBAND OR WIFE Lulu Bridgforth	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 490-18-2992		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lena Bridgforth, 3219 Bailey 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lung - metastasis		INTERVAL BETWEEN ONSET AND DEATH 6 mo.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11:50		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 162X	

I hereby certify that I attended the deceased from **Nov 4, 1948**, to **6-2, 1950**, that I last saw the deceased alive on **5-29, 1950**, and that death occurred at **12:50 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. B. Lassiter		23b. ADDRESS 4047^a Travis		23c. DATE SIGNED 6-2-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-2-50		24c. NAME OF CEMETERY OR CREMATORY Hudleston Cem.	
24d. LOCATION (City, town, or county) (State) Alton, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.			
DATE REC'D BY LOCAL REG. JUN 2 1950		REGISTRAR'S SIGNATURE J. B. Lassiter			

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

82 JUN 28 1981

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Elmo R. Padwell

Licensed Embalmer No. 4077

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.