

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 St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo		c. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights 4495	
c. LENGTH OF STAY (in this place) 65 days		d. STREET ADDRESS (If rural, give location) 1015 Yale Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hosp.			

3. NAME OF DECEASED (Type or Print) EDNA L NEVINS			4. DATE OF DEATH (Month) (Day) (Year) Aug 4 50		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 30-1880	9. AGE (In years last birthday) Months Days 70 2 4	10. IF UNDER 1 YEAR 4	11. IF UNDER 18 Hrs. Min. 7
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Ohio 1	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME J. N. Lawson	13b. MOTHER'S MAIDEN NAME Ida May Hammond	14. NAME OF HUSBAND OR WIFE Walter W. Nevins
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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. none	17. INFORMANT'S SIGNATURE OR NAME Walter W. Nevins - Richmond Hts	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		72 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease and Diabetes mellitus		10 yrs.
DUE TO (c) Hypertension; purulent pericarditis		10 yrs.	
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Stoop
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22. I hereby certify that I attended the deceased from **June 7, 1950**, to **Aug 4, 1950**, that I last saw the deceased alive on **Aug 4, 1950**, and that death occurred at **2:24 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) J.R. Madley MD	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 8/8/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8/6/50	24c. NAME OF CEMETERY OR CREMATORY Grand View Cemetery	24d. LOCATION (City, town, or county) (State) Hannibal Mo.
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DATE REC'D BY LOCAL REG. 8-8-50	REGISTRAR'S SIGNATURE J.B. Jureta	25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Bopp, Jr.	ADDRESS Richmond Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6729

MAY 14 1958

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed

Peter B. Duboullé

Signed.....

Student Embalmer

Licensed Embalmer No. *3694*

P. O. Address *Richmond Heights*

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.