

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38526**

FILED DEC 8 - 1951

REG. DIST. NO. **310**

PRIMARY REG. DIST. NO. **3058** Registrar's No. **230**

723
1

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

1. PLACE OF DEATH a. COUNTY St Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St Charles	
b. CITY (If outside corporate limits, write RURAL and give town) St Charles		c. CITY (If outside corporate limits, write RURAL and give township) St Charles	
c. LENGTH OF STAY (In this place) 88 yr.		d. STREET ADDRESS (If rural, give location) 302 Madison St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 302 Madison			
3. NAME OF DECEASED (Type or Print) a. (First) Claude		b. (Middle) Edwards	
c. (Last) Edwards		4. DATE OF DEATH (Month) (Day) (Year) Nov. 26 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Nov. 10 1863
9. AGE (In years last birthday) 88		10. IF UNDER 1 YEAR: Months 16	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cashier		10b. KIND OF BUSINESS OR INDUSTRY Broker	
11. BIRTHPLACE (State or foreign country) St Charles Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William W Edwards		13b. MOTHER'S MAIDEN NAME Louisa Hunt	
14. NAME OF HUSBAND OR WIFE None		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 Miss Margaret Edwards ADDRESS St Charles Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis			
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) arteriosclerosis			
DUE TO (c) secondary anemia			
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 4201	
20. AUTOPSY? YES <input 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)			
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?			
22. I hereby certify that I attended the deceased from Nov 1947 to Nov 26, 1951 , that I last saw the deceased alive on Nov 26, 1951 , and that death occurred at 7:20 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) D. L. Harrington DO		23b. ADDRESS St. Charles Mo	
23c. DATE SIGNED Nov 28-1951			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 28 1951	
24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) St Charles Mo.	
DATE REC'D BY LOCAL REG. 11-29-51		REGISTRAR'S SIGNATURE Francis Hamilton	
25. FUNERAL DIRECTOR'S SIGNATURE Nachmann		ADDRESS St Charles Mo.	

(Licensed Embalmer's Statement on Reverse Side)

File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 3 1951

RECEIVED

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 _____

Licensed Embalmer No. 4607

P. O. Address H. Charles, MD

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.