

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17943

MAY 27 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4177

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) OR TOWN St. Louis	c. LENGTH OF STAY (in this place) 6 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood	4713
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		d. STREET ADDRESS (If rural, give location) 701 Nirk Ave.	

3. NAME OF DECEASED (Type or Print)	a. (First) C	b. (Middle) Clyde	c. (Last) Edwards	4. DATE OF DEATH (Month) (Day) (Year) May 3 1952
----------------------------------------	--------------	-------------------	-------------------	--------------------------------------------------------

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 6, 1889.	9. AGE (In years last birthday) 63	10. UNDER 1 YEAR 0	11. UNDER 1 YEAR 27	12. UNDER 1 MIN. Hours
----------------	---------------------------	-------------------------------------------------------------------	------------------------------------	------------------------------------	--------------------	---------------------	------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police Officer	10b. KIND OF BUSINESS OR INDUSTRY City Of Kirkwood Ills.	11. BIRTHPLACE (City and State or Foreign Country) Ills.	12. CITIZEN OF WHAT COUNTRY? US
---------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------	-------------------------------------------------------------	------------------------------------

13a. FATHER'S NAME Wm. Edwards	13b. MOTHER'S MAIDEN NAME Louisa Organ	14. NAME OF HUSBAND OR WIFE Bessie Edwards
-----------------------------------	-------------------------------------------	-----------------------------------------------

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. no	17. INFORMANT'S SIGNATURE OR NAME Mrs. Bessie Edwards, 701 Nirk Ave.	ADDRESS 701 Nirk 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subarachnoid hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension C-V-R. disease DUE TO (c) Coronary artery dis. & thromb.		
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 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? H.201'
-------------------------------------------------	--------------------------------------------------------------------------------------------------------	--------------------------------------

22. I hereby certify that I attended the deceased from Jan 1952 to May 3, 1952, that I last saw the deceased alive on May 3, 1952, and that death occurred at 12:12 p.m., from the causes and on the date stated above.

23a. SIGNATURE Wm. B. Bopp	(Degree or title) M.D.	23b. ADDRESS 634 N. Grand	23c. DATE SIGNED 5/5/52
-------------------------------	---------------------------	------------------------------	----------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5/5/52	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemty	24d. LOCATION (City, town, or county) (State) St. Louis County Mo.
------------------------------------------------------	---------------------	------------------------------------------------------	-----------------------------------------------------------------------

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAY 5 1952	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Bopp, Inc.	ADDRESS Kirkwood Mo.
---------------------------------------------------------	----------------------------------------	---------------------------------------------------------	-------------------------

(Licensed Embalmers' Statement on Reverse Side)

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

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 Ronald O. Yahnke

Licensed Embalmer No. 39017

P. O. Address St. Louis

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.