

STANDARD CERTIFICATE OF DEATH

State File No. 21596

FILED JUL 5 1952

BIRTH NO. REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Mo. b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles	
c. LENGTH OF STAY (In this place) 5yrs		d. STREET ADDRESS (If rural, give location) 723 ClaynStreet, St. Charles	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Home			

3. NAME OF DECEASED (Type or Print) Julia A. Edwards	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) June 29 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 12, 1868	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 11 Days 12	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) St. Charles, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S. A.
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13a. FATHER'S NAME Abraham Ruenzi	13b. MOTHER'S MAIDEN NAME Veronica Hodapp	14. NAME OF HUSBAND OR WIFE Brice Edwards, D'cd
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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. Nil	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Ruenzi, Maplewood, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heat prostration		
	ANTECEDENT CAUSES Morbidity 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. Senile arteriosclerosis		15 years	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 69317	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?
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22. I hereby certify that I attended the deceased from **the** 19 **49** to **June** 19 **52**, that I last saw the deceased alive on **June 29**, 19 **52**, and that death occurred at **10:00** m., from the causes and on the date stated above.

23a. SIGNATURE E. J. Cauty (Degree or title) W.D.D.	23b. ADDRESS St. Charles, Mo.	23c. DATE SIGNED 6-30-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/2/52	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) St. Charles, Missouri
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DATE REC'D BY LOCAL REG. 6-30-52	REGISTRAR'S SIGNATURE James N...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. C. Dallmeyer & Sons, St. Charles, Mo.
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

923
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OCT 10 1952
SEP 18 1952

MAY 7 1963

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 Herbert C. Dallmeyer

Licensed Embalmer No. 4546

P. O. Address St. Charles, 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.