

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29924**
7830

FILED AUG 31 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Jefferson</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST LOUIS</i>		c. LENGTH OF STAY (in this place) <i>1 DAY</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>FAITH HOSPITAL</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Mercame Township</i> <i>1</i>	
		d. STREET ADDRESS (If rural, give location) <i>Cedar Hill Mo</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>NELLIE</i> b. (Middle) <i>—</i> c. (Last) <i>EDWARDS</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>8 - 8 - 1953</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Dec 29-1877</i>
9. AGE (in years last birthday) <i>75</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Wife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	11. BIRTHPLACE (State or foreign country) <i>Hamilton Co Del</i>
12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	13a. FATHER'S NAME <i>James P. Moorman</i>	13b. MOTHER'S MAIDEN NAME <i>Mary Moore</i>	14. NAME OF HUSBAND OR WIFE <i>Thos. B. Edwards</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. <i>no</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>M B Edwards Cedar Hill, Mo</i>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary occlusion.</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Coronary arteriosclerosis</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Generalized arteriosclerosis.</i>	
INTERVAL BETWEEN ONSET AND DEATH <i>40 minutes</i>		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) <i>420.1</i>	
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?	
22. I hereby certify that I attended the deceased from <i>May</i> , 1948, to <i>Aug 9</i> , 1953, that I last saw the deceased alive on <i>Aug 3</i> , 1953, and that death occurred at <i>12:20 a.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Lloyd S. Rolufs, M.D.</i>		23b. ADDRESS <i>126 E Jefferson, Kirkwood Mo</i>	23c. DATE SIGNED <i>Aug 9 1953</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>8/12/53</i>	24c. NAME OF CEMETERY OR CREMATORIUM <i>Memorial Park Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>St Louis Co Mo.</i>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>AUG 11 1953</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Carl Smith MO</i>		<i>Home Springs Mo</i>

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 _____

working under my personal supervision.

Student Embalmer No.

Signed V. E. Morris

Signed.....
Student Embalmer

Licensed Embalmer No. 3360

P. O. Address St Louis 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.