

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. FILED FEB 18 1954		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 531	Registrar's No. 116
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis Co.		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City		c. LENGTH OF STAY (In this place) 10 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City #326	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 6602 BARTMER		d. STREET ADDRESS (If rural, give location) 6602 Bartmer Ave.,		
3. NAME OF DECEASED (Type or Print) SARAH		a. (First) SARAH	b. (Middle) EDWARDS	c. (Last) EDWARDS
4. DATE OF DEATH Jan. 13, 1954		5. SEX Female		6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 22, 1883		9. AGE (In years last birthday) 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) McLeansboro, Ill.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME James P. Mooran		13b. MOTHER'S MAIDEN NAME Mary Moore
14. NAME OF HUSBAND OR WIFE Wm. Edwards, D.C.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Miss. A.G. Edwards ADDRESS 6602 Bartmer 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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) unknown natural causes ANTECEDENT CAUSES Morbid 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.		INTERVAL BETWEEN ONSET AND DEATH unk
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:20 P.M. from the causes and on the date stated above.				
23a. SIGNATURE Herbert R. Domke (Degree or title) Local Registrar		23b. ADDRESS 651 S. Brentwood Blvd.		23c. DATE SIGNED 1/25/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 16, 1954	24c. NAME OF CEMETERY OR CREMATORY Knight Prairie Cem.	24d. LOCATION (City, town, or county) (State) McLeansboro, Ill.
DATE REC'D BY LOCAL REG. 1-14-54		REGISTRAR'S SIGNATURE Herbert R. Domke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark ADDRESS 1125 Hodiamont Ave.,

(Licensed Embalmer's Statement on Reverse Side)

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

Co. Health Dept.
Clayton, Mo.

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 *Alfred J. Boedeker*.....

Signed.....
Student Embalmer

Licensed Embalmer No. 2663.....

P. O. Address 1125 Hodiament Ave......

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.