

FILED SEP 28 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32620

State File No. ....

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2108

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
- b. CITY (If outside corporate limits, write RURAL and give town) <u>Pine Lawn</u>		c. CITY OR TOWN <u>St. Louis</u>	
- c. LENGTH OF STAY (in this place) <u>2 days</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shamrock Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>5316a Shreve Ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nellie</u> b. (Middle) <u>E.</u> c. (Last) <u>Edwards</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>September 2, 1954</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>June 14, 1893</u>	
9. AGE (In years last birthday) <u>61</u>		10. F UNDER 1 YEAR Months <u>61</u> Days <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Robertson</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen unk.</u>	
14. NAME OF HUSBAND OR WIFE <u>Jesse F. Edwards</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Jesse F. Edwards</u>	
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.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the bladder</u>  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.  19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
19c. INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yr.</u>		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) <u>181X</u> (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 <u>6-16-53</u> , 19 <u>  </u> , to <u>8-31-54</u> , 19 <u>  </u> , that I last saw the deceased alive on <u>8-31-54</u> , 19 <u>  </u> , and that death occurred at <u>3:00a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Barnes Hospital, St. Louis, Mo.</u>	
23c. DATE SIGNED <u>9-2-54</u>		24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>9-4-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	
DATE REC'D BY LOCAL REG. <u>9/3/54</u>		ADDRESS <u>Math Hermann &amp; Son, Inc. 2161 E. Fair Ave.</u>	

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.....  
Signature of Student Embalmer

Signed.....  
*Glen W. Hatz*

Licensed Embalmer No. *373*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.