

FILED DEC 13 1954

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

State File No. 38694 Registrar's No. 10131

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

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 town) St. Louis, Mo.		c. LENGTH OF STAY (in this place) 1 hr	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		e. CITY OR TOWN University City	
		f. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Waller		b. (Middle) NMN	
		c. (Last) Edwards	
5. SEX male		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Sept. 18, 1870	
9. AGE (In years last birthday) 84		10. IF UNDER 1 YEAR Months Days	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assn't Supervision		10b. KIND OF BUSINESS OR INDUSTRY Missouri Dept. of Revenue	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James F. Edwards		13b. MOTHER'S MAIDEN NAME Mary Susan Wingfield	
14. NAME OF HUSBAND OR WIFE Lulu Duncan 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. 499-34-9738a	
17. INFORMANT'S SIGNATURE OR NAME Lulu D. Edwards		ADDRESS 7114 Maryland Avenue	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 3 hrs.	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arteriosclerotic Heart Disease	
		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	
20. AUTOPSY? YES <input checked="" 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 4200			
22. I hereby certify that I attended the deceased from 11/6/54, 1954, to 11/6/54, 1954, that I last saw the deceased alive on 11/6/54, 1954, and that death occurred at 12:15 p.m., from the causes and on the date stated above.			
23a. SIGNATURE C. A. Vermillion, M. D.		23b. ADDRESS BARNES HOSPITAL	
23c. DATE SIGNED 11/6/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 11-9-54	
24c. NAME OF CEMETERY OR CREMATORY Osborn Cemetery		24d. LOCATION (City, town, or county) (State) Osborn, Missouri	
DATE REC'D BY LOCAL REG. NOV 8 1954		REGISTRAR'S SIGNATURE C. R. Lupton & Sons-7233 Delmar Bly'd.	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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 *Arnold W. Schoene*

Licensed Embalmer No. *3865*

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