

FILED APR 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14080

BIRTH NO. _____ REC. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 945

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>	c. LENGTH OF STAY (in this place) <u>2 yrs</u>	c. CITY OR TOWN <u>St Charles</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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1259 Purdue</u>		e. STREET ADDRESS (If rural, give location) <u>302 Madison St</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u>	b. (Middle) <u>C</u>	c. (Last) <u>Edwards</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 20 1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Aug. 7 1858</u>
9. AGE (In years last birthday) <u>96</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house keeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>St Charles Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>W.W. Edwards</u>	13b. MOTHER'S MAIDEN NAME <u>Louise Hunt</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs A.F. Fay</u> ADDRESS <u>7207 Pershing St Louis</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chronic myocarditis</u>		<u>4 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis, general</u>		<u>4 yrs</u>
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 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) m.	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 Jan 1, 1951, to April 20, 1955, that I last saw the deceased alive on Apr. 20, 1955, and that death occurred at 4 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wanda Becker</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>3720 Washington</u>	23c. DATE SIGNED <u>4-20-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 25 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St Charles Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4/24/55</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur E. Bane</u> ADDRESS <u>St Charles Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 217

P. O. Address.....

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.