

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35454

STATE FILE NUMBER

FILED OCT 16 1956

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8558

|                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                                                                                                                                                             |                                                                                                                                   |                                                                                                                             |                                                                           |                                                                           |                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY                                                                                                                                                                                                                                                                                                                                                                  |                                  |                                                                                                                                                             |                                                                                                                                   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY |                                                                           |                                                                           |                                                                                                                  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>St. Louis, Mo.</b>                                                                                                                                                                                                                                                                                                   |                                  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                   |                                                                                                                                   | c. CITY<br>OR<br>TOWN <b>St. Louis</b>                                                                                      |                                                                           | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |                                                                                                                  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <b>3458 Missouri</b>                                                                                                                                                                                                                                                                                          |                                  |                                                                                                                                                             | Length of stay in lb                                                                                                              |                                                                                                                             | STREET ADDRESS <b>2413</b> (If outside, give location)                    |                                                                           | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                       |
| 3. NAME OF DECEASED (Type or print)<br><b>Cecil J. Edwards</b>                                                                                                                                                                                                                                                                                                                                  |                                  |                                                                                                                                                             |                                                                                                                                   | 4. DATE OF DEATH<br><b>Sept. 15, 1956</b>                                                                                   |                                                                           | Month Day Year                                                            |                                                                                                                  |
| 5. SEX<br><b>male</b>                                                                                                                                                                                                                                                                                                                                                                           | 6. COLOR OR RACE<br><b>white</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Nov. 4, 1896</b>                                                                                           | 9. AGE (In years last birthday)<br><b>59</b>                                                                                | IF UNDER 1 YEAR<br>Months Days Hours Min.                                 | IF UNDER 24 HRS.                                                          |                                                                                                                  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Machinist</b>                                                                                                                                                                                                                                                                                 |                                  |                                                                                                                                                             | 10b. KIND OF BUSINESS OR INDUSTRY                                                                                                 |                                                                                                                             | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Mo.</b>       |                                                                           | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>                                                                       |
| 13. FATHER'S NAME<br><b>Lucien Edwards</b>                                                                                                                                                                                                                                                                                                                                                      |                                  |                                                                                                                                                             |                                                                                                                                   | 14. MOTHER'S MAIDEN NAME<br><b>Nancy J. Busey</b>                                                                           |                                                                           |                                                                           |                                                                                                                  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no none</b>                                                                                                                                                                                                                                                                     |                                  | 16. SOCIAL SECURITY NO.<br><b>55-24-7324</b>                                                                                                                |                                                                                                                                   | 17. INFORMANT Address<br><b>Marie Edwards 3458 Missouri</b>                                                                 |                                                                           |                                                                           |                                                                                                                  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Carcinoma of abdominal viscera</b><br><b>Primary in pancreas and retroperitoneal</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b)<br>DUE TO (c) <b>Secondary metastasis in liver and lung</b> |                                  |                                                                                                                                                             |                                                                                                                                   |                                                                                                                             |                                                                           |                                                                           | INTERVAL BETWEEN ONSET AND DEATH<br><b>5 months</b><br><b>1 month</b>                                            |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)                                                                                                                                                                                                                                                                |                                  |                                                                                                                                                             |                                                                                                                                   |                                                                                                                             |                                                                           |                                                                           | 19. WAS AUTOPSY PERFORMED?<br><b>1998</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT SUICIDE HOMICIDE<br><b>Not Accid</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                     |                                  |                                                                                                                                                             | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)<br><b>abdominal</b> <b>Aug 10-56</b> |                                                                                                                             |                                                                           |                                                                           |                                                                                                                  |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>at m p. m. <b>None</b>                                                                                                                                                                                                                                                                                                                          |                                  |                                                                                                                                                             | Operation for diagnosis with biopsy of lymph glands                                                                               |                                                                                                                             |                                                                           |                                                                           |                                                                                                                  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                                                                                                                                                                                                                                                                          |                                  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)<br><b>None</b>                                                    |                                                                                                                                   | 20f. CITY, TOWN, OR LOCATION<br><b>None</b>                                                                                 |                                                                           | COUNTY                                                                    | STATE                                                                                                            |
| 21. I attended the deceased from <b>July 10, 1956</b> to <b>Sept. 15, 1956</b> and last saw <b>him</b> alive on <b>9-15-56</b><br>Death occurred at <b>630 p.m.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.                                                                                                                                        |                                  |                                                                                                                                                             |                                                                                                                                   |                                                                                                                             |                                                                           |                                                                           |                                                                                                                  |
| 22a. SIGNATURE (Degree or title)<br><b>Scott Kerner M.D.</b>                                                                                                                                                                                                                                                                                                                                    |                                  |                                                                                                                                                             |                                                                                                                                   | 22b. ADDRESS<br><b>634 N. Grand Blvd.</b>                                                                                   |                                                                           | 22c. DATE SIGNED<br><b>9-17-56</b>                                        |                                                                                                                  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>                                                                                                                                                                                                                                                                                                                                     |                                  | 23b. DATE<br><b>9-18-56</b>                                                                                                                                 | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Odd Fellows Cem.</b>                                                                     |                                                                                                                             | 23d. LOCATION (City, town, or county) (State)<br><b>Sullivan, Mo.</b>     |                                                                           |                                                                                                                  |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Southern Funeral Home</b><br><b>6322 S. Grand St. Louis, Mo.</b>                                                                                                                                                                                                                                                                                             |                                  |                                                                                                                                                             | 25. DATE RECD. BY LOCAL REG.<br><b>SEP 17 1956</b>                                                                                |                                                                                                                             | 26. REGISTRAR'S SIGNATURE<br><b>J. Earl Smith M.D.</b><br><b>m. J. B.</b> |                                                                           |                                                                                                                  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

lh, welfare, public service, 00, -56, diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Cultural, Colander, etc. must use only standard nomenclature as given to symptoms and diseases.

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 *David Van Fossan* .....

Licensed Embalmer No. *421*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.