Health, Welfare Public Service

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FILED JAN 30 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

2859
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 815

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Homer G. Phillips — Length of stay in 1b 30 yrs.
27

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 3881 Delmar — Reside on Farm Yes ☐ No ☑
29

3. NAME OF DECEASED (Type or print) First Wardell Middle Last Edwards

4. DATE OF DEATH Month 1 Day 18 Year 58

5. SEX Male
6. COLOR OR RACE Negro
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
3
8. DATE OF BIRTH 9-11-1926
9. AGE (In years last birthday) 31 — IF UNDER 1 YEAR Months 4 Days 7 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Dresden Tenn
12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Partee Edwards
13b. MOTHER'S MAIDEN NAME Johnnie Bell
14. NAME OF HUSBAND OR WIFE Elizabeth Bell

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. 488-286434
17. INFORMANT John Bell Address 3881 Delmar

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute hemorrhagic pancreatitis — INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic alcoholism. — undet.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Delirium Tremens. 5870

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-16-58, to 1-18-58 and last saw him alive on 1-18-58
Death occurred at 4:25 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE S. A. Maser (Degree or title), M.D.
22b. ADDRESS 2601 Whittier Street
22c. DATE SIGNED 1-20-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Rem
23b. DATE 1-25-58
23c. NAME OF CEMETERY OR CREMATORY Dresden
23d. LOCATION (City, town, or county) (State) Dresden Tenn.

24. FUNERAL DIRECTOR Manuel Und. Co. ADDRESS 1711 N. Taylor
25. DATE RECD. BY LOCAL REG. JAN 23 '58
26. REGISTRAR'S SIGNATURE J Carl Smith MD MXB

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 Nathaniel Gordon

Licensed Embalmer No. 3489

P. O. Address 45-75 Ald

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.