. Health,
& Welfare
. Public
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-042674
STATE FILE NUMBER

FILED DEC 10 1958 Registration District No. 317 Primary Registration District No. 546 Registrar's No. 3136

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Overland, 14, Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2634 Tennyson Ave. Length of stay in Ib 11 Mos.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Overland, 14, 433 X Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 2634 Tennyson Ave., Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First JESSIE Middle MAE Last EDWARDS
4. DATE OF DEATH Month December Day 1 Year 1958

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH Feb. 25, 1886
9. AGE (In years if birthday) 72 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and state or country) Nodway County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Farnsworth
13b. MOTHER'S MAIDEN NAME Sarah Norris
14. NAME OF HUSBAND OR WIFE Late Lawrence Edwards

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT David Edwards, 2634 Tennyson Ave., Overland, 14, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE — INTERVAL BETWEEN ONSET AND DEATH NOT KNOWN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 422.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
CYSTOCELE & INCONTINENCE + CHR. CYSTITIS
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 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 NOV 29 1958, to 12-1-58 and last saw her alive on NOV 29, 1958
Death occurred at 2634 TENNYSON, OVERLAND, MO. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H.D.
22b. ADDRESS 3400 N. Kingshighway
22c. DATE SIGNED 12/1/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal-Motor
23b. DATE 12/3/58
23c. NAME OF CEMETERY OR CREMATORY Portland Mo. Cemetery
23d. LOCATION (City, town, or county) (State) Portland, Missouri

24. FUNERAL DIRECTOR CALVIN F. FEUTZ, FUNERAL HOME, St. Louis, 15, Missouri
ADDRESS 4828 Natural Bridge Blvd.,
25. DATE RECD. BY LOCAL REG. 12-1-58
26. REGISTRAR'S SIGNATURE Herbert R. Domke, M.D.

(Licensed Embalmer's Statement on Reverse Side)

Society, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

File in County

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 Ralph C. Lindemann

Licensed Embalmer No. 4275

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.