

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-007067

STATE FILE NUMBER

2211

FILED MAR 10 1959

Registration District No. Primary Registration District No. Registrar's No.

Health, Welfare, Public Service

00  
57  
2

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>		d. STREET ADDRESS (If outside, give location) <b>5209 Cates</b>	

3. NAME OF DECEASED (Type or print) First <b>Susie</b> Middle <b>Gertrude</b> Last <b>Edwards</b>			4. DATE OF DEATH Month <b>2</b> Day <b>25</b> Year <b>59</b>		
--	--	--	---	--	--

5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>10 May 1907</b>	9. AGE (In years last birthday) <b>51</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS Hours Min.
-------------------------	----------------------------------	---	--	--	---	-------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Housework</b>	11. BIRTHPLACE (City and state or country) <b>Tenn</b>	12. CITIZEN OF WHAT COUNTRY?
--	---	---	------------------------------

13a. FATHER'S NAME <b>unk</b>	13b. MOTHER'S MAIDEN NAME <b>unk</b>	14. NAME OF HUSBAND OR WIFE <b>XX</b>
----------------------------------	---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT Address <b>Francis Ross 1206 Oakley</b>
--	--------------------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Multiple Sclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>undet.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		<b>345x</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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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.	20d. INJURY OCCURRED WHILE AT <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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
---	---	--	------------------------------	--------	-------

21. I attended the deceased from <b>1-23-59</b> to <b>2-25-59</b> and last saw her alive on <b>2-25-59</b> Death occurred at <b>7:25</b> <b>A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
---

22a. SIGNATURE (Degree or title) <b>J. O. Richards MD</b>	22b. ADDRESS <b>2601 Whittier Street</b>	22c. DATE SIGNED <b>2-26-59</b>
--	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>3 Mar. 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>National Jeff. Bks</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo</b>
---	---------------------------------	---	--

24. FUNERAL DIRECTOR ADDRESS <b>Reliable Funeral Sys. 1389 N. Union</b>	25. DATE RECD. BY LOCAL REG. <b>MAR 2 '59</b>	26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>
--	--	--

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Edward G. Flynn* .....

Licensed Embalmer No. *4444* .....  
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.