URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ED VS JAN 19 1960

59-046685

STATE FILE NUMBER

Registration District No. 113 Primary Registration District No. 4185 Registrar's No. 35

ENDED

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Clair, Mo. | Length of stay in 1b --
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) At Home | Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Franklin
c. CITY OR TOWN St. Clair, Mo. | Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R # 1. | Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First MALBE MABLE Middle L. Last EDWARDS
4. DATE OF DEATH Month Dec. Day 30, Year 1959
5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Apr. 13,
9. AGE (last birthday) 1886 73 | IF UNDER 1 YEAR Months 8 Days 17 | IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife
10b. KIND OF BUSINESS OR INDUSTRY General Work
11. BIRTHPLACE (City and state or country) Edina, Mo.
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME James Rouke
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE John 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. 490-01-8623
17. INFORMANT John Edwards Address St Clair Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | Circulatory Collapse | 34 min |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Carcinoma. Rectum | 6 months |
| DUE TO (c) | Carcinoma of Stomach | 1½ yrs. |

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 Dec 14, 1959, to Dec 30, 1959 and last saw her alive on Dec 28, 1959
Death occurred at 12:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Dr John M. Wilkinson (Degree or title) DO
22b. ADDRESS 445 S. Main St Clair Mo
22c. DATE SIGNED 12-30-59

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan. 4, 1960
23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery
23d. LOCATION (City, town, or county) St. Louis County, Missouri (State)

24. FUNERAL DIRECTOR Sherwood W. Kotchell ADDRESS St. Clair Mo.
25. DATE RECD. BY LOCAL REG. Dec 31 1959
26. REGISTRAR'S SIGNATURE Charles Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

VS JAN 20 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Sherwood W. Kitch

Signature of Student Embalmer

Licensed Embalmer No. 3873

P. O. Address St. Clair

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