

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-009243

FILED VS MAR 3 1960

317

Registration District No. _____ Primary Registration District No. **547** Registrar's No. **467**

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY ST Louis	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RICHMOND HEIGHTS	a. STATE MISSOURI	b. COUNTY ST. LOUIS
Length of stay in 1b 8 WEEKS		c. CITY OR TOWN UNIVERSITY CITY	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST MARY HOSP		d. STREET ADDRESS (If outside, give location) 6930 COLUMBIA PL	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED First Middle Last **JEFFERSON R EDWARDS** **4. DATE OF DEATH** Month Day Year **FEB 10 1960**

5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH MAY 18, 1886	9. AGE (last birthday) 73	IF UNDER 1 YEAR	IF UNDER 24 HR
			Months	Days	Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EDWARDS SALES AG	10b. KIND OF BUSINESS OR INDUSTRY SALES	11. BIRTHPLACE (City and state or country) JACKSON, OHIO	12. CITIZEN OF WHAT COUNTRY U. S. A
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13a. FATHER'S NAME DAVID F EDWARDS	13b. MOTHER'S MAIDEN NAME CORNELIA RATHBURN	14. NAME OF HUSBAND OR WIFE LOUISE EDWARDS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR I	16. SOCIAL SECURITY NO. 498-16-3232 A	17. INFORMANT Address LOUISE EDWARDS 6930 COLUMBIA
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Myocardial infarction	INTERVAL BETWEEN ONSET AND DEATH 24 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic coronary thrombosis	2 1/2 hours
DUE TO (c) Arteriosclerotic heart disease	5 years

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

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

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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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
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21. I attended the deceased from **1954** to **Feb 10, 1960** and last saw ^{her}him alive on **Feb 9, 1960**
Death occurred at **6:30** **A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph V Lunnagan M.D.	22b. ADDRESS 634 N Grand	22c. DATE SIGNED Feb 11, 1960
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2/12/1960	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	23d. LOCATION (City, town, or county) (State) ST. LOUIS MO
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24. FUNERAL DIRECTOR ADDRESS STOCK MORTUARY 889 1/2 BRENTWOOD CLAYTON	25. DATE RECD. BY LOCAL REG. 2-11-60	26. REGISTRAR'S SIGNATURE John B. Murphy M.D.
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Paul J. Wachter

Licensed Embalmer No. 4787

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.