

AMENDED

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 40 yrs	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 518 Pendleton
3. NAME OF DECEASED (Type or print) First Middle Last Prince Edwards			4. DATE OF DEATH Month Day Year 1 30 61
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/28/89
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAVERN OWNER		10b. KIND OF BUSINESS OR INDUSTRY TAVERN	11. BIRTHPLACE (City and state or country) St. Charles, Ark.
13a. FATHER'S NAME Eloyd Edwards		13b. MOTHER'S MAIDEN NAME Lullda Davis	14. NAME OF HUSBAND OR WIFE Eliza Edwards Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 8/25/1918 to 7/24/19		16. SOCIAL SECURITY NO.	17. INFORMANT Ulysses Cartwright 518 N. Penoleton
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive Cardiovascular Disease			INTERVAL BETWEEN ONSET AND DEATH Undet.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 443x		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Uremia	
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <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.) I-10-61	20f. CITY, TOWN, OR LOCATION COUNTY STATE I-30-61 I-30-61
21. I attended the deceased from _____ to _____ and last saw him ^{XX} alive on _____ Death occurred at _____ 3:25 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Sydney A. Fraser, M. D.		22b. ADDRESS 2601 N. Whittier St.	22c. DATE SIGNED 1-31-61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2/3/61	23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETARY	23d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS Mo
24. FUNERAL DIRECTOR PRICE UNO. Co. Inc 2829 Washington		25. DATE RECD. BY LOCAL REG. FEB 1 1961	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

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 Edward A 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.