10 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23308

Registration District No. 784 — Primary Registration District No. 200 — Registrar's No. 1045

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Wellston, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6201 Lotus Ave - Hecks Hosp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Carsonville (If outside city or town limits, write "RURAL")

(d) Street No. 8946 Turner (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME 362 Infant Edwards.

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased June (Month) 9 (Day) 1939. (Year)

8. AGE: Years Stillborn. Months Days If less than one day ____ hr. ____ min.

9. Birthplace St. Louis County, (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Wilbur Edwards.
13. Birthplace St. Louis County, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Velma Gibbs.
15. Birthplace Salem, (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant's own signature Wilbur Edwards.
(b) Address 8649 Turner Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Fee Fee Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) JUN 10 1939 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 9th day ____ year 1939 hour 4:50 PM minute ____ M.

21. I hereby certify that I attended the deceased from June 9, 1939 ____, 19__, to June 9, 1939; that I last saw h ✓ alive on ____, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Stillborn	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature [signature] (M.D. or other) D.O.
Address 6201 Lotus Ave. Date signed 6-9-39.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, above space should be left blank.