

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3208 Morganford
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2**
(Specify whether years, months or days)

8. (a) PRINT FULL NAME **Mary F. Edwards**

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

6. (b) Name of husband or wife **John** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **May 3 1867**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 4 5 _____ hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Thomas Davis**

13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Young**

15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **J. Russel Edwards**

(b) Address **3208 Morganford**

17. (a) **Burial** (b) Date thereof **9-11-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **Oscar J. Hoffmeister**

(b) Address **4016 Chippewa**

19. (a) **SEP 10 1940** (b) **J. P. Predeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **16**
(If outside city or town limits, write "RURAL")
(d) Street No. **3208 Morganford**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **8th**
year **1940** hour **6** minute **50 P.** M.

21. I hereby certify that I attended the deceased from **April 13**
1940 to **Sept. 18** **1940**;
that I last saw her alive on **Sept. 8** **1940**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Thrombosis** Duration **9 days**

Due to **High blood Pressure June 37**

Due to _____

Other conditions (include pregnancy within 3 months of death) **g 2 b**

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **J. P. Predeck** (M. D. or other) **I**
Address **3146 Morganford** Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED OCT 25 1940

5. 2
10-39
-39
K21492

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

Ernest W. Spillers

Licensed Embalmer No.

4080

P. O. Address

3747 Durmick

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.