

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36298
State File No. _____
Registrar's No. 2015

Registration District No. 784 Primary Registration District No. 101

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital.
(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)

8. (a) PRINT FULL NAME VERNON ARCHER EDWARDS.

3. (b) If veteran, name war None 8. (c) Social Security No. None

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 August 24, 1924.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
16 1 29 hr. min.

9. Birthplace Little Rock, Arkansas.
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business Ben Bluett High School.

12. Name Stacey D. Edwards.

13. Birthplace Beebe, Arkansas.
(City, town, or county) (State or foreign country)

14. Maiden name Thelma Archer.
15. Birthplace Little Rock, Arkansas.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Stacey D. Edwards.

(b) Address 5315a Wells Ave.

17. (a) Removal (b) Date thereof 10-24-1940.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Rock, Arkansas

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) OCT 24 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5315a Wells Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. Life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23rd.
year 1940. hour 8 minute 50 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death While riding as a passenger in an auto which left highway & plunged down a 30 ft embankment
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Fractured 4th Skull
Of operations _____

Of autopsy 2 10 20 20

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 10-23-40
(c) Where did injury occur? Overland
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? no (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) 5
Address [Signature] Date signed 10/24/40

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

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 _____

David C. Gibson, Registered Apprentice No. 3454
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

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.