

No. 2
-4-41
17-39
X25390

Registration District No. 791 Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3402 Franklin Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
year 1941 hour 1 minute 10 a.m.
21. I hereby certify that I attended the deceased from 5-30-41
19____ to 6-1-41 19____
that I last saw her alive on 6-1-41 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary
Edema
Cause unknown

Dr. Mrs.

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) _____
Address 2601 N. Whittier St. Date signed 6-3-41

3. (a) PRINT FULL NAME: Annie Edwards
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F. 5. Color or race N. 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased Unk. Unk. 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months Unk. Days Unk. If less than one day
hr. _____ min. _____

9. Birthplace Unk. (City, town, or county) (State or foreign country)
Nil.

10. Usual occupation _____

11. Industry or business _____

12. Name Unk.

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

14. Maiden name Unk.

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

16. (a) Informant Dr. A. Spotts
(b) Address 2601 N. Whittier

17. (a) burial (b) Date thereof 6-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director [Signature]
(b) Address City Health Dept.

19. (a) JUN 25 1941 (b) [Signature]
(Date received by registrar) (Registrar's signature)

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

MOTHER FATHER

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, fact should be so stated above.