

FILED OCT 18 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7570

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 Park Lane
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community _____
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3711 St. Louis
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

STELLA KATH. EDWARDS

3. (b) If veteran, name war _____ 3. (c) Social Security No. 489-03-9855

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife William Edwards 6. (c) Age of husband or wife if alive 38 years
 7. Birth date of deceased June 10, 1908
 (Month) (Day) (Year)

8. AGE: Years 33 Months 3 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Kansas (City, town, or county) (State or foreign country)
 10. Usual occupation Factory Work
 11. Industry or business Convoy Wood Heel
 12. Name Jim Harper
 13. Birthplace Kansas (City, town, or county) (State or foreign country)
 14. Maiden name Stella Bates
 15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant William Edwards
 (b) Address 3711 St. Louis
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-20-41
 (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Fendler Und. Co.
 (b) Address 7420 Michigan Ave.
 19. (a) Sept. 19, 1941 (Date received local registrar) (b) J. P. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18 year 1941 hour 11. minute 10 AM.
 21. I hereby certify that I attended the deceased from July 22 1941 to Sept. 18 1941;
 that I last saw her alive on Sept. 18 1941;
 and that death occurred on the date and hour stated above.
 Immediate cause of death Peritonitis Generalized.

Duration

Due to Pyosalpinx, bilateral.
unknown as to venereal disease

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations Cystic ovaries and chronic obliterated appendix bilateral pyosalpinx, acute and perforated.

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) (c) Means of injury _____
 23. Signature J. P. Budeck M.D.
 Address 4930 Lindell Date signed 9-18-41

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

2027501 3 1 4 1 8 2

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..... 4148
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.