

FILLED NOV 24 1941

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **8358**

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

1. PLACE OF DEATH:

(a) County.....  
 (b) City or town St. Louis.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1307 Monroe.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
About 30 Years. (Specify whether  
 In this community..... years, months or days)

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. 1307 Monroe.  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

000  
19  
1/2  
26

3. (a) PRINT FULL NAME Edward Blade.

3. (b) If veteran, name war World War. 3. (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 July 4 1883.  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	58	3	15	hr. min.

9. Birthplace Bunkerhill, Illinois.  
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed.

11. Industry or business.....

MOTHER FATHER { 12. Name William Blade.

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

14. Maiden name Maggie Connely.

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

16. (a) Informant William Blade.

(b) Address 1204a Hebert St.

17. (a) Burial (b) Date thereof 10-22-41.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) OCT 21 1941 (b) J. J. Brudeck  
(Date received) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20th  
 year 1941 hour 7:15 minute A. 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 Bullet wound of Brain,  
self inflicted at his home 1307  
Monroe Street, on October 20th, 1941  
 Due to exact time unknown.

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)..... SUICIDE

(b) Date of occurrence October 20th, 1941

(c) Where did injury occur?..... St. Louis, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In Home

While at work?..... (c) Means of injury.....

23. Signature Thomas H. Callahan (Seal or other)  
 Address Deputy Coroner Date signed 10/21/41

---

**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 Henri L. Ponder

Licensed Embalmer No. 3867

P. O. Address 2225 St. Louis ave

**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.**