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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 4295

Registration District No. 7911 · Primary Registration District No. 1003

Registrar's No. 1431

**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:
St. Louis Children's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County NR

(c) City or town Centralia
(If outside city or town limits, write "RURAL")

(d) Street No. Route # 5
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Donald Lee Edwards

3. (b) If veteran, name war No.

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 Single

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. (Month) 9 (Day) 1929 (Year)

8. AGE: Years 12 Months 2 Days 5 If less than one day hr. min.

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

10. Usual occupation Child

11. Industry or business

FATHER 12. Name Fred Edwards

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

MOTHER 14. Maiden name Florence Friess

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

16. (a) Informant Fred Edwards

(b) Address Centralia, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-16-42 (Month) (Day) (Year)

(c) Place: burial or cremation Centralia, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) FEB 16 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 14 year 1942 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19

that I last saw h alive on , 19

and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Multiple Lung Abscesses | |
| Due to Right Lobe Pneumonia | |
| 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 Alfred Berry (M. D. or other)

Address Date signed 2/14/42

(Licensed Embalmer's Statement on Reverse Side)

## 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 Albert H. Hoppe

Licensed Embalmer No. 1861

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.**