

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. **4008**

Registration District No. **791**

Primary Registration District No. **1003**

AUG 3 1942

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 Days (Specify whether years, months or days)

In this community 15 DAY

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Jilene 999

(c) City or town Harrisburg (If outside city or town limits, write "RURAL") NK 11

(d) Street No. RF 9# 3 (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No) _____
If yes, name country 2

3. (a) PRINT FULL NAME Freeman Edwards

3. (b) If veteran, name war No

3. (c) Social Security No. 349-05-5776

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Effie Edwards 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Aug 25 1885
(Month) (Day) (Year)

8. AGE: Years 56 Months 8 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Online Co (City, town, or county) Ill (State or foreign country)

10. Usual occupation Common Labor

11. Industry or business _____

12. Name Ace Edwards

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

14. Maiden name Hannah McGeehan

15. Birthplace White Co (City, town, or county) (State or foreign country) Ill

16. (a) Informant Effie Edwards

(b) Address Harrisburg Ill

17. (a) Burial (b) Date thereof 5-5-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill Cem

18. (a) Signature of funeral director Gibbons Fun Home

(b) Address Harrisburg Ill

19. (a) MAY 5 1942 (b) J. F. Medeck
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3 year 1942 hour 2 minute 09 P. M.

21. I hereby certify that I attended the deceased from April 18, 1942, to May 3, 1942
that I last saw him alive on May 3, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic brain tumor

Due to 540

Due to 53

Other conditions Bronchitis pneumonia
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy _____
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) _____ (Means of injury) _____

23. Signature Lawellon Dale Jr (M. D. or other) _____

Address BARNES HOSPITAL Date signed 5/3/42

B

301-311-1062
301-311-1063

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 John Ketter
Licensed Embalmer No. 3880
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.