

22241 ✓

State File No. _____

FILED JUL 13 1942
Registration District No. 106

Primary Registration District No. 106

Registrar's No. 1462

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
520 E. Monroe Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Nelson Green Edwards

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Edwards

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased May 17 1850
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>92</u>	<u>1</u>	<u>18</u>	_____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Nelson G Edwards

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

14. Maiden name Harriet J Copper

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

16. (a) Informant Murray Frank Edwards

(b) Address 520 E Monroe Kirkwood, Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 7/7/42
(Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem

18. (a) Signature of funeral director Louis H. Bopp

(b) Address Kirkwood Mo.

19. (a) JUL 6 - 1942
(Date received local registrar)

(b) E. G. Mc Jannet
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 520 E Monroe
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1942 hour 10:15 PM minute _____ M.

21. I hereby certify that I attended the deceased from June, 1942, to July 5, 1942;
that I last saw him alive on July 3, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations None

Of autopsy none

Duration _____

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) (e) Means of injury _____

23. Signature Paul E. Rutenber (M. D. or other) _____

Address Kirkwood Mo. Date signed 7-6-42

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 M. Meyer

Licensed Embalmer No.

3288

P. O. Address

Wickwood mo

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.