. No. 2
—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22730

Registration District No. FILED AUG 6 1942 791 Primary Registration District No. 1003 Registrar's No. 6126

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: 4506 Page Blvd.
(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

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4506 Page Blvd.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Bessie M. Edge

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife R.L. Edge

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Sept. (Month) 10 (Day) 1887 (Year)

8. AGE: Years 54 Months 10 Days 9 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER 12. Name Unknown Wilson

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

MOTHER 14. Maiden name unknown

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

16. (a) Informant R.L. Edge

(b) Address 4506 Page Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22 42 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director H. Rindskopf

(b) Address 5216 Delmar Blvd.

19. (a) JUL 21 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1942 hour 5.00 minute P M.

21. I hereby certify that I attended the deceased from July 7th 1942 to July 19 1942 that I last saw him alive on July 16 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach — Duration 1 1/2 yrs

Due to

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 J. M. Brown (M. D. or other)

Address 2867 Union Blvd. Date signed 7/21/42

844 (Licensed Embalmer's Statement on Reverse Side) F-0 0438

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 O. W. Cooper

Licensed Embalmer No. 3830

P. O. Address 5216 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.