

BUREAU OF THE CENSUS
FILED AUG 25 1942

6953

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist Hospital
(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

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. 751 N. Woodlawn Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William J. Edwards

3. (b) If veteran, name war None
3. (c) Social Security No. None

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

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

7. Birth date of deceased June 24 1858
(Month) (Day) (Year)

8. AGE: Years 84 Months 1 Days 19
If less than one day _____ hr. _____ min.

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

10. Usual occupation Florist

11. Industry or business _____

12. Name Aaron Edwards

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Anna Edwards
(b) Address 751 N. Woodlawn Kirkwood, Mo

17. (a) Cremation (b) Date thereof 8-17-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address Kirkwood, Mo.

19. (a) AUG 18 1942 (b) J. F. Busch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13
year 1942 hour 3 PM minute _____ M.

21. I hereby certify that I attended the deceased from May 14, 1942 to Aug. 13, 1942
that I last saw him alive on Aug. 13, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of urinary bladder

Due to _____

Due to _____

Other conditions Spindicity
(Include present within 3 months of death) Arteriosclerosis

Major findings: Bladder tumor
Of operations _____
Of autopsy _____

Duration

2 yrs

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 if of place)
Means of injury _____

23. Signature Audy Kelly (M. D. or other) _____
Address 134 N. Woodlawn Ave Date signed 8-15-42

(Licensed Embalmer's Statement on Reverse Side)

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

2-4 PM

MOTHER FATHER

6953

6953

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 *Coris H Papp*
Licensed Embalmer No. 921
P. O. Address *Kirkwood 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.