

S. No. 3  
M-9  
Rev. 5-17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 21 1942 318

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

31899

State File No. \_\_\_\_\_  
Registrar's No. 8492

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town Saint Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
524I Maple 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

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town Saint Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 524I Maple Ave  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sarepta Jane Edwards  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month October day 13 th  
year 1942 hour 2 minute 35 AM.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife B.F. Edwards  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from July 2 1942 to Oct. 13 1942  
that I last saw her alive on Oct. 12 1942  
and that death occurred on the date and hour stated above.

7. Birth date of deceased May 28 1847  
(Month) (Day)  
8. AGE: Years 95 Months 4 Days 15  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death acute dilatation of myocardium. Mitral Insufficiency  
Obv. Myocarditis. Pulmonary edema  
Due to Hypertension  
Due to sensitization of heart  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace Carrollton Illinois  
(City, town, or county) (State or foreign country)  
10. Usual occupation At Home  
11. Industry or business \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER {  
12. Name J.M.P. Washburn  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Adams  
15. Birthplace Henry County Kentucky  
(City, town, or county) (State or foreign country)  
16. (a) Informant Mrs Audrey A. Taylor  
(b) Address 524I Maple Ave  
17. (a) Cremation (b) Date thereof 10-15-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Grove Crem.  
18. (a) Signature of funeral director C.R. Lupton & Sons  
(b) Address 7233 Delmar Blvd.  
19. (a) OCT 13 1942 (b) J. H. Bredeck  
(Date received local registrar) (Registrar's signature)

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 Dr. J. P. Murphy (M. D. or other) \_\_\_\_\_  
Address 2616 No. Third Highway Date signed 10/13/42

(Licensed Embalmer's Statement on Reverse Side)

Ed. Lewis, Mo.

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

2616 No. University  
No. 2-5 P.M.  
FD-8970

**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 Bradford A. Miles  
Licensed Embalmer No. 2901  
P. O. Address University City - N

**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.**