

FILED FEB 4 1943

Registration District No. 318

Primary Registration District No. 6000

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

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:
City Hosp #10
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000
174

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
24

(d) Street No. 3666 So. Main
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Charles Johnson Edwards

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4
year 1943 hour 6 minute 10 A. M.

21. I hereby certify that I attended the deceased from.....
..... 19..... to..... 19.....;

that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

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

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

7. Birth date of deceased abt 1871
(Month) (Day) (Year)

Immediate cause of death Fracture of femur Duration
fracture when he was struck by an
automobile driven by one Gene Beckley
Due to in front of 3649 1/2 Broadway about
7:20 PM. Dec 25 1942

Due to.....

8. AGE: Years Months Days If less than one day

abt 72..... hr. min.

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

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

Major findings:
Of operations.....
Of autopsy.....

10. Usual occupation porter

11. Industry or business.....

12. Name unknown

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)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Dec 25 1942

(c) Where did injury occur? at home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

While at work? no (Specify type of place) (e) Means of injury Auto

16. (a) Informant James J. Johnson

(b) Address 1300 1/2 Clark

17. (a) Antemortem (b) Date thereof 1-25-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. R. R. R.

(b) Address 5100 Ritten St

19. (a) JAN 29 1943 (b) J. F. Bredelk
(Date received local registrar) (Registrar's signature)

23. Signature W. J. Perry (M. D. or other) 3

Address Springtown Date signed 1/23/43

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.....

Licensed Embalmer No.....

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.