

FILED MAY 29 1943  
Registration District No. 517

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis County  
(b) City or town Jeff. Bks. Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Sta. Hosp. J.B. Mo  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 hrs.  
In this community Another one day (Specify whether years, months or days)

3. (a) PRINT FULL NAME George T. Edens

3. (b) If veteran, name war World War II 3. (c) Social Security No. 283-20-9557

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Reba M. Edens 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased. Not known 1905  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>38</u>	<u>?</u>	<u>!</u>	hr. min.

9. Birthplace Mink Shoals W. Va.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records  
(b) Address Jefferson Barracks, Mo.

17. (a) Peritonal (b) Date thereof 5/25/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Charleston W. Va.

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

19. (a) MAY 26 1943 (b) L. McDaniel  
(Date of death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State W. Va (b) County ?  
(c) City or town Dunbar  
(If outside city or town limits, write "RURAL")  
(d) Street No. ? (If rural, give location)  
(e) Citizen of foreign country? ? (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28  
year 1943 hour 4 minute A M.

21. I hereby certify that I attended the deceased from May 22, 1943  
11:15 PM 19. to May 23, 1943 19.43.

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

Immediate cause of death Natural causes.  
Tentative Diagnosis:  
Perforated Peptic Ulcer

Due to \_\_\_\_\_  
Due to Acute pancreatitis.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy Yes.

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 Louis H Bopp Inc.  
Address Kirkwood, Mo. 5-25-43 Date signed \_\_\_\_\_

APR 10 1945

EB 91 700

Att. Mr. Mueller  
% Bopp's Inc.

This is all the data I  
can get on this case.

H. Edman

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.

FEB 10 1945

Signed John M. Meyer  
Licensed Embalmer No. 3288

P. O. Address Werkwood Ave

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.

EB 91 700