

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

FILED SEP 21 1943 1818
Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....St. Louis Mo.

(b) City or town.....St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2910 Norwood 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.....000

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

(d) Street No.....2910 Norwood Ave.,
(If rural, give location)

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

3. (a) PRINT FULL NAME.....William M. Edwards,

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex.....male 5. Color or race.....white

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

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

7. Birth date of deceased.....February 15th 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>6</u>	<u>25</u>hr.min.

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

10. Usual occupation.....Elevator Operator

11. Industry or business.....Curlee Clothing Co.,

12. Name.....Wm. Jasper Edwards,

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

14. Maiden name.....Mgt. Caroline

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

16. (a) Informant.....Mrs. Evelyn Pueser

(b) Address.....2910 Norwood Ave.,

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

(c) Place: burial or cremation.....Mount Hope Cemetery,

18. (a) Signature of funeral director.....Sullivan Brothers,

(b) Address.....2849 North Euclid Ave.,

19. (a) SEP 17 1943 (b) J. Brebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month.....September day.....10th
year.....1943 hour.....10 minute.....A M.

21. I hereby certify that I attended the deceased from.....July 1, 1943, to.....Sept 8, 1943
that I last saw him alive on.....Sept 8, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....Cardio Vascular Disease unknown

Due to.....Cardiac enlargement

Due to.....General Arteriosclerosis

Other conditions.....Very large (bilateral hernia)
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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.....Frank J. Tracy (M. D. or other)

Address.....2343 Olive Date signed.....9-10-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Albert M. Mayfield
Licensed Embalmer No. 3077
P. O. Address St. Louis, 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: