

S. No. 2  
M-94-41  
5-17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

36316

State File No. \_\_\_\_\_  
Registrar's No. **9718**

FILED NOV 18 1943

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County..... **St. Louis**  
(b) City or town..... **St. Louis**  
(c) Name of hospital or institution:  
**EVANSVILLE CITY HOSPITAL #1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... **3**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME..... **William E. Edwards**

3. (b) If veteran, name war..... **World War #1**  
3. (c) Social Security No..... **290-18-0178**

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

6. (b) Name of husband or wife..... **Ruby**  
6. (c) Age of husband or wife if alive..... years..... **3** years **1895**

7. Birth date of deceased..... **June 3 1895**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**48 4 30** hr. min.

9. Birthplace..... **Waverly Tenn.**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Chauffeur**

11. Industry or business..... **Chauffeur**

12. Name..... **Allen Edwards**  
13. Birthplace..... **Tenn.**  
(City, town, or county) (State or foreign country)

14. Maiden name..... **Haggie Hagenwood**  
(City, town, or county) (State or foreign country)

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

16. (a) Informant..... **Jack C. Edwards**

(b) Address..... **4201 s. Laclède ave.**

17. (a) **REMOVAL** (b) Date thereof..... **Nov. 5. 43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **EVANSVILLE INDIANA.**

18. (a) Signature of funeral director..... **C. Hoffmeister U.A.L.Co.**

(b) Address..... **7814 S. Broadway**

19. (a) **NOV 5 1943** (b) **J.F. Bredeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Indiana** (b) County..... **999**  
(c) City or town..... **Evansville** **NR 120**  
(If outside city or town limits, write "RURAL")  
(d) Street No..... **.15 John St.**  
(If rural, give location)  
(e) Citizen of foreign country?..... **No.** (Yes or No)  
If yes, name country..... **2**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **November** day..... **2**  
year..... **1943** hour..... **2:00** minute..... **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.

Immediate cause of death..... **Fracture of Skull; Duration**  
**Subdural Hemorrhage of the Brain;**  
**suffered in a fight with William**  
Due to..... **Henry Holliman, William Harold**  
**Morrison, F. 20, Henry Ross, F. 3c,**  
Due to..... **and Calvin Matthews RM. 2c,** in a  
**tavern located at 821 Market St. and**  
Other conditions..... **in front of 905 Market St.**  
(Include pregnancy within 3 months of death)  
around **1:30 A.M. November 3, 1943.**

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

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)..... **Homicide**

(b) Date of occurrence..... **Nov. 3, 1943**

(c) Where did injury occur?..... **25 St. Louis, Mo.**  
(City or town) (County) (State)

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

While at work?..... (Specify type of place)  
(e) Means of injury.....

23. Signature..... **Thom J. Callahan** (M. D. or other)  
Address..... **Deputy Coroner** Date signed..... **11-5-43**

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

MOTHER FATHER

NOV 19 1943

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.....

*Paul A. Shanklin*..... Registered Apprentice No.....  
working under my personal supervision.

Signed *Paul A. Shanklin*.....

Licensed Embalmer No. *3472*.....

P. O. Address *761A E. Grand*.....

**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.**