

S. No. 2  
M-2-43  
5-17-39  
I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5065

State File No. \_\_\_\_\_

FILED FEB 18 1944  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11864

1. PLACE OF DEATH: ...

(a) County \_\_\_\_\_

(b) City or town ST. LOUIS - MO.

(c) Name of hospital or institution St. Ann's Children's Hospital  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 7 days.  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County MADISON

(c) City or town GRANITE-CITY ILL.  
(If outside city or town limits, write "RURAL")

(d) Street No. 3015 DENVER - GRANITE CITY  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 2

3. (a) PRINT FULL NAME Ronald Wayne Edwards

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 5  
year 44 hour 3 minute 45 A.M.

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 6-30-1943  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-3-  
44 to 2-5-  
44, that I last saw him alive on 2-5-  
44 and that death occurred on the date and hour stated above.

8. AGE: Years 0 Months 7 Days 6  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Generalized Peritonitis Duration 1 day

Due to Ruptured Meckel's Diverticulum 1 day

Due to \_\_\_\_\_

9. Birthplace GRANITE-CITY-ILL 1  
(City, town, or county) (State or foreign country)

10. Usual occupation CHILD

Other conditions 12:30  
(Include pregnancy within 3 months of death)

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

12. Name JAMES-IVY-EDWARDS

13. Birthplace MISSOURI 1  
(City, town, or county) (State or foreign country)

14. Maiden name GERALDINE-WESTPHAL

15. Birthplace GRANITE-CITY ILL. 1  
(City, town, or county) (State or foreign country)

Major findings: 12:30  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant MRS. JAMES-EDWARDS

(b) Address 3015 DENVER

17. (a) BURIAL (b) Date thereof 2-8-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation ST. JOHNS - Granite City

18. (a) Signature of funeral director Charles E. Mercer

(b) Address Granite City, Ill.

19. (a) \_\_\_\_\_ (b) J. F. Budeck  
(Date received local registrar) (Registrar's signature)

23. Signature R. J. Blotner (M. D. or other) \_\_\_\_\_  
Address 1110 N. Taylor St. Granite City, Ill. Date signed 2-5-44

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

MOTHER FATHER

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

*Charles E. Mercer*

Licensed Embalmer No.....

*2988*

P. O. Address.....

*Greenville - City - Ill*

**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.**