

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

FILED JUN 30 1944
Registration District No. 818

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1706 Belleghade
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 28 years (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 100
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 179
(d) Street No. 1706 Belleghade (If rural, give location) 119
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Edna J. Tolds

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

4. Sex Female 3 3 5. Color or race ck 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: JAN. 25 1874
(Month) (Day) (Year)

8. AGE: Years 70 4 23 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace: Nashville Tenn (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business _____

12. Name: Steven Shields

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

14. Maiden name: Celie Johnson

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

16. (a) Informant: Walter Tolds

(b) Address: 1706 Belleghade

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 6-23-44
(Month) (Day) (Year)

(c) Place: burial or cremation: Washington Park

18. (a) Signature of funeral director: Walter Tolds

(b) Address: 1247 1/2 Lehigh Ave

19. (a) JUN 22 1944 (Date received local registrar) J. J. Bredich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1944 hour 4:30 minute PM M.

21. I hereby certify that I attended the deceased from 6-16-44
19____ to 6-18-44 19____

that I last saw her alive on 6-18-44 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: Heart Failure

Due to: Arteriosclerotic Heart Disease

Due to: _____

Other conditions: _____
(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) (c) Means of injury _____

23. Signature: A. Moon (M. D. or other) _____

Address: 2601 N. Wheeler Date signed: 6-21-44

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..... *W. Claude Gordon*.....

Licensed Embalmer No. *3489*.....

P. O. Address..... *4575 Aldine*.....

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.