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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 6 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29282  
Registrar's No. 8351

Registration District No. 218 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: 4211 North Prairie Avenue  
(d) Length of stay: In hospital or institution Since Birth  
In this community Since Birth

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(d) Street No. 4211 North Prairie Avenue  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME ANNA S. EDWARDS.  
(b) If veteran, name war None  
(c) Social Security No. None  
4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced, deceased  
6. (b) Name of husband or wife Joseph Edwards  
6. (c) Age of husband or wife if alive Deceased  
7. Birth date of deceased July 2, 1871

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 23 year 1944 hour 4 minute 45 A.M.M.  
21. I hereby certify that I attended the deceased from Aug 1944 to Sept 28, 1944  
that I last saw her alive on Sept 28, 1944 and that death occurred on the date and hour stated above.  
Immediate cause of death Hemiplegia

8. AGE: Years 73 Months 2 Days 26  
9. Birthplace St. Louis Missouri  
10. Usual occupation At Home  
11. Industry or business  
12. Name Fred Le Roy  
13. Birthplace Germany  
14. Maiden name Mary Stahl  
15. Birthplace Germany  
16. (a) Informant Walter H. Edwards  
(b) Address 4211 N. Prairie Avenue  
17. (a) Burial (b) Date thereof 10/2/44  
(c) Place: burial or cremation Valhalla Cemetery  
18. (a) Signature of funeral director Math. Hermann & Son  
(b) Address 2161 East Fair Avenue  
19. (a) OCT 1 1944 (b) J. F. Budek

Due to arteriosclerosis  
Hypertension  
Other conditions  
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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
23. Signature: [Signature] (M. D. or other)  
Address: [Address] Date signed

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

MOTHER FATHER

844

(Licensed Embalmer's Statement on Reverse Side)

**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 *Welford G Burnley*  
Licensed Embalmer No. *42020*  
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.**