

FILED JAN 13 1945

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **16 78**

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
residence-5851 Nina Place
(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 _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5851 Nina Place
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BENJAMIN FRANKLIN EDWARDS
(b) If veteran, no name war _____
(c) Social Security no No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 2nd
year 1945 hour 5 minute _____ A. M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Flora W. Edwards
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 31 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Past several yrs. 19 _____ to 1-1- 19 45
that I last saw him alive on Jan-1- 19 45
and that death occurred on the date and hour stated above.

8. AGE: Years 85 Months 0 Days 2
If less than one day _____ hr. _____ min.

Immediate cause of death Septicemia
Deterioration
arterio-sclerosis
Due to _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation retired

Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

11. Industry or business Banker & Broker

12. Name Albert G. Edwards

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jenkins

15. Birthplace Terre Haute Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mary R. Edwards
(b) Address 5851 Nina Place, St. Louis

17. (a) burial (b) Date thereof 1-3-45
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delman Bl'vd., St. Louis

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? _____

19. (a) JAN 3 1945 (b) J. F. Bredbeck
(Date received local registration) (Registrar's signature)

23. Signature W. Bassett M. D. or other _____
Address 4500 Delmar Date signed 1-3-45

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

MOTHER FATHER

Dr. Elias W. Barrett
4500 Olive
HO-3800
tho. - 2615 P. M.

21

21

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 *Bradford A. Miles*

Licensed Embalmer No. *2901*

P. O. Address *University City - 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.