

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF HEALTH
BUREAU OF THE CENSUS
FILED APR 6 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7655

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2724

1. PLACE OF DEATH:
(a) County.....
(b) City or town ST. LOUIS
(c) Name of hospital or institution:
3827 EILER ST.
(d) Length of stay: In hospital or institution.....
In this community 21 YRS. 3 MO.

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 006
(c) City or town ST. LOUIS
(d) Street No. 3827 EILER ST.
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME CHARLES L. EDWARDS
(b) If veteran, name war NONE
(c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 26, 1945.
year I hour P. minute M.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
(b) Name of husband or wife DEAD
7. Birth date of deceased: MAY 18 1860

21. I hereby certify that I attended the deceased from 3/25/45 to 3/26/45.
that I last saw him alive on March 26, 1945.
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
84 10 8 hr. min.

Immediate cause of death Bronchopneumonia Duration 2 Da.

9. Birthplace: MADISON ILLINOIS

Due to Senility

10. Usual occupation GENERAL CARPENTER

Other conditions 101

11. Industry or business HOUSE BUILDING

Major findings: Of operations.....

12. Name CHARLES EDWARDS

Of autopsy.....

13. Birthplace UNKNOWN KENTUCKY

14. Maiden name MARY HAMILTON

15. Birthplace MARY HAMILTON KENTUCKY

16. (a) Informant Wm B. Eastburn

(b) Address 3827 Eiler Ave St. Louis Mo

17. (a) KEMOKA (b) Date thereof MAR. 26/1945

(c) Place: burial or cremation TROY ILLINOIS

18. (a) Signature of funeral director J. F. Bredack

(b) Address Troy Ill
19. (c) MAR 26 1945 (Date received local registrar) J. F. Bredack (Registrar's signature)

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?.....

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

23. Signature D. D. Burnett (M. D. or other).....
Address 6006 Virginia Ave. Date signed 3/26/45

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 Jewel E. Edwards
Licensed Embalmer No. 3548
P. O. Address Tray Hill.

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.