

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1241

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Affton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7819 Genestra Ave.
(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 St. Louis
(c) City or town Affton
(If outside city or town limits, write "RURAL")
(d) Street No. 7819 Genestra
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Martha Ann Edwards

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James A. Edwards 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased May 8 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>0</u>	<u>13</u>	hr. _____ min. _____

9. Birthplace Howell County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William F. Smith

13. Birthplace Knoxville Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Eiza Jane Smith

15. Birthplace Overton County Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Opal Edwards

(b) Address 7819 Genestra Ave.

17. (a) Removal (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Willow Springs, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) JUN 1 1945 (b) E. G. McFarren
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1945 hour 4:30 minute A. M.

21. I hereby certify that I attended the deceased from May 4
1945 to May 26 1945
that I last saw him alive on May 22 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis Chronic
Valvular disease

Due to 92.8

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 D. G. P. Smith (M.D. or other) D.O.
Address 4356 7th Street Date signed 5-24-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

MAY 9 1957

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 W Wilkinson
Licensed Embalmer No. 35-75

P. O. Address.....

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.