

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10-weeks
(Specify whether _____)
In this community 45 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3812 Laclede Ave.
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fred Edwards

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

4. Sex M. D 5. Color or race W. 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Lena Edwards 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased July 28th., 1884
(Month) (Day) (Year)

8. AGE: Years 60 Months 10 Days 26
If less than one day hr. _____ min. _____

9. Birthplace Italy
(City, town, or county) (State or foreign country)

10. Usual occupation Electrician

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Rev. Harland Edwards S.J.

(b) Address 3812 Laclede Avenue.

17. (a) Burial (b) Date thereof 6-28-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Powell

(b) Address 3840 Lindell Blvd.

19. (a) JUN 26 1945 (b) J.F. Braden
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th.,
year 1945 hour 9 minute 30 p.m.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Long Access 2. Emphysema
2. Terminal Bronchopneumonia which
caused hospitalization for 4 weeks at
St. Luke's Hospital when he was
admitted 6 weeks and 4 days after the
death of his wife on June 6, 1945.
He died on June 9, 1945 at
St. Luke's Hospital.
Physician George
(Include emergency within 1 month of death)

PHYSICIAN

Major findings:
Of operations: 186
Of autopsy: 186

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence April 9, 1945
(c) Where did injury occur? at home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Work
(Specify type of place) (Specify type of injury)

23. Signature Walter Perry (M. D. or other)

Address St. Louis Date signed 6/26/45

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

MOTHER FATHER

Coroner's Office

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.H. VanMatre*

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

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.