

FILED MAR 6 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1795

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. Luke's Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2-Weeks  
 (Specify whether  
 In this community 30 yrs.  
 years, months or days)

3. (a) PRINT FULL NAME Morgan L. Edwards

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

4. Sex M.O 5. Color or race W. 6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife Elsie Edwards 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 4, 1877  
 (Month) (Day) (Year)

8. AGE: Years 69 Months 0 Days 18 If less than one day hr. min.

9. Birthplace Church Hill Ohio  
 (City, town, or county) (State or foreign country)

10. Usual occupation Works Auditor

11. Industry or business American Steel Foundries

MOTHER FATHER

12. Name Daniel Edwards

13. Birthplace Eben Eben Wales 4  
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mr. Richard Edwards  
 (b) Address 4264 Shenandoah Ave.

17. (a) Burial (b) Date thereof 2-26-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park  
 (d) Signature of funeral director Arthur J. Russell  
 (e) Address 3840 Lindell Blvd.

18. (a) Signature of funeral director Arthur J. Russell  
 (b) Address 3840 Lindell Blvd.  
 19. (a) FEB 23 1946 (b) Registrar's signature J. F. Bredeck  
 (Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4268 Shenandoah Ave.  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22nd.,  
 year 1946 hour 4 minute 40 a. M.

21. I hereby certify that I attended the deceased from Feb. 22, 1946 to February 22, 1946;  
 that I last saw him alive on Feb. 21, 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 14 days

Due to renal arteriosclerosis 2 yrs

Due to \_\_\_\_\_

Other conditions 83  
 (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy Cerebral hemorrhage

PHYSICIAN

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) \_\_\_\_\_  
 (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) (d) Means of injury \_\_\_\_\_

Signature Arthur J. Russell (M. D. or other) U  
 Address 3220 Washington Date signed 2-23-46

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

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 Van Matre

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.