S. No. 2
DM—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25193

FILED JUL 22 1946

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 6135

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: _____ (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G Phillips Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 month (Specify whether years, months or days)

In this community: 29 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 060

(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 2517

(d) Street No.: 1443 Biddle (If rural, give location) 9 1d

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME: Ruth Edwards

3. (b) If veteran, name war: none

3. (c) Social Security No.: 486-18-8853

4. Sex: Female 3

5. Color or race: col.

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Charles H. Edwards

6. (c) Age of husband or wife if alive: 26 years

7. Birth date of deceased: March 29, 1917 (Month) (Day) (Year)

8. AGE: Years 29 Months 3 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation: nil

11. Industry or business: _____

MOTHER FATHER

12. Name: unknown

13. Birthplace: unknown (City, town, or county) 9 (State or foreign country)

MOTHER

14. Maiden name: Mattie Bradshaw

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

16. (a) Informant: Charles H. Edwards

(b) Address: 1443 Biddle St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-12-46 (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Dale

18. (a) Signature of funeral director: Allen Baile

(b) Address: 3506 Franklin Ave.

19. (a) JUL 12 1946 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

JUL 12 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1946 hour 5 minute 10 A M.

21. I hereby certify that I attended the deceased from 6-5, 1946, to 7-7, 1946, that I last saw her alive on July 7, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Malignant Hypertension	
Multiple Thrombo-phlebitis	Undet.
No Pregnancy	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): None	

Major findings:
Of operations: _____
Of autopsy: No

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? _____ (Specify type of place)

While at work? _____ (e) Means of injury: _____

23. Signature: E. B. Williams (M. D. or other)

Address: 2601 N Whittier Date signed: 7/8/46

(Licensed Embalmer's Statement on Reverse Side)

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 Theodore T. Yaudel

Licensed Embalmer No. 4243

P. O. Address 927 N. Elm [illegible]

Mobile, Gods [illegible]

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.