

FILED APR 25 1947
318

1003

Registration District No.

Primary Registration District No.

Registrar's No. 2782

1. PLACE OF DEATH:

(a) County ST. LOUIS ~~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:
3107 Lawton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
About 25 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. LOUIS

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

(d) Street No. 3107 LAWTON
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME George EDWARDS

3. (b) If veteran, name war NINE

3. (c) Social Security No.

4. Sex MALE 5. Color or race C

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

6. (b) Name of husband or wife LULA 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased 6 (Month) 8 (Day) 1901 (Year)

8. AGE: Years 45 Months 10 Days 0 If less than one day hr. min.

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

10. Usual occupation LABOR

11. Industry or business ROSEDALE DELMIER

12. Name GEORGE EDWARDS

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

14. Maiden name MARY KATFAKITE

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

16. (a) Informant Lula Edwards

(b) Address 3107 LAWTON

17. (a) BURIAL (b) Date thereof 4-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GREENWOOD

18. (a) Signature of funeral director Dennis Lee

(b) Address 3103 WASHINGTON

19. (a) Date received local registrar APR 10 1947 (b) Registrar's signature J. F. Brebeck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8 year 1947 hour 7 minutes 20 P. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;

that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 1 1/2
following very short attack
with high grade fever
while at work at the
Emerald Ave. Co. Coal
mine, around 6:30 a.m.
March 26 1947.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1/10

Of autopsy 1/10

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) Accident

(b) Date of occurrence March 26 1947

(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?
Yes

While at work (Specify type of place) Means of injury 6 am

23. Signature [Signature] (M. D. or other) 3

Date signed 4/10/47

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

Ne 1519

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. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address..... *4575 Alder*

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.