

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5282 Waterman /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community 20 years
 years, months or days)

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. 5282 Waterman
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Lee Edwards Rawls

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

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced W.
 6. (b) Name of husband or wife Edward Rawls Dec. 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 1 1862
 (Month) (Day) (Year)

8. AGE: Years 85 Months 1 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Princeton, Ky. (City, town, or county) (State or foreign country) D

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Mathew Lyon Edwards
 13. Birthplace Lyon County, Ky. (City, town, or county) (State or foreign country) 1
 14. Maiden name Mary K. Stubbs
 15. Birthplace Lyon County, Ky. (City, town, or county) (State or foreign country) 1

16. (a) Informant Miss Lamont Edwards
 (b) Address 5282 Waterman

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-28-1947
 (Month) (Day) (Year)
 (c) Place: burial or cremation Princeton, Ky.

18. (a) Signature of funeral director Alexander S. S. S.
 (b) Address 6175 Delmar

19. (a) JUN 26 1947 (b) J. F. Budeck
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 25 day June
 year 1947 hour 9 minute 20 P.M.

21. I hereby certify that I attended the deceased from May 1 1947 to June 25 1947
 that I last saw her alive on June 25 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Coronary Occlusion - myocardial infarction - by perforation - arterial sclerosis
 Due to aged age - arterial sclerosis
 Due to sclerosis

Duration many years

Other conditions (Include pregnancy within 3 months of death) 93

Major findings:

Of operations _____

Of autopsy _____

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? 0

While at work? _____

(Specify type of place)

(c) Means of injury _____

23. Signature Franco R. Rittner (M. D. or other) M.D.
 Address 5233 Waterman Ave Date signed 6/25/47

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 Jos. E. McCulloch

Licensed Embalmer No 2760

P. O. Address 6175 Delmar

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.