

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED AUG 12 1948
318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH
1003

State File No.

24248

Registrar's No.

6833

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: Washington U. Clinics
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
even past 2 days (Specify whether
In this community: cl. n. a.
years, months or days)

3. (a) PRINT FULL NAME

Jennie Edwards

3. (b) If veteran,

name war. ---

3. (c) Social Security No.

413-32-8909

4. Sex Female

5. Color or

race Negro

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

6. (b) Name of husband or wife

Mack Edwards

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

7. Birth date of deceased: October 1st 1891
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

56

10

1

hr.

min.

9. Birthplace

Humboldt

Tennessee

(City, town, or county)

(State or foreign country)

10. Usual occupation

Drug-Store Clerk

11. Industry or business

12. Name

James Campbell

13. Birthplace

Gibson Co.

Tennessee

(City, town, or county)

(State or foreign country)

14. Maiden name

Georgia Bonnett

15. Birthplace

Gibson Co.

Tennessee

(City, town, or county)

(State or foreign country)

16. (a) Informant

Martha Hall

(b) Address

4310 West Belle Pl.

17. (a)

Removal

(b) Date thereof: 8/4/48
(Month) (Day) (Year)

(c) Place: burial or cremation

Brownsville, Tennessee

18. (a) Signature of funeral director

Charles J. Gates

(b) Address

4107 Finney Ave.

19. (a)

AUG 4 - 1948

(b)

J. F. Bredeck

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4310 W. Belle
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2
year 1948 hour 30 minute 15 P.M.

21. I hereby certify that I attended the deceased from 21 July 1948 to 2 Aug 1948
that I last saw her alive on 2 Aug 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pleural effusion
acute & respiratory
failure
Due to Carcinoma of the Breast 6M

Due to

Other conditions 50
(Include pregnancy within 3 months of death)

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?

(Specify type of place)
While at work? (c) Means of injury

23. Signature Richard M. Piter (M. D. or other) M.D.

Address Barnes Hospital Date signed 2 Aug 48

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.....

Thomas J. Gates

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

4287

P. O. Address..... 4107 Finney Ave..

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.