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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 31 1948

Registration District No. 387

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6226

42060

State File No. _____

Registrar's No. 23614

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

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: Olivet
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 months.
(Specify whether _____)

In this community Life time.
years, months or days)

3. (a) PRINT FULL NAME Florence D. Edwards,

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

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

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

7. Birth date of deceased October 3, 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>1</u>	<u>26</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife,

11. Industry or business _____

12. Name Marcus D. Dodd,

13. Birthplace New Jersey, /
(City, town, or county) (State or foreign country)

14. Maiden name Harriet Brigham,

15. Birthplace New York, /
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. R. S. Dodd,

(b) Address 322 S. Woodlawn, Kirkwood,

17. (a) burial (b) Date thereof 11/30/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Wagoner Mortuary

(b) Address 416 Lindell Blvd.

19. (a) 11-29-48 (b) Shund...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-0-0

(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL")

(d) Street No. Fairmont Hotel,
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29
year 1948 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from November 15, 1948, to November 28, 1948.
that I last saw her alive on Nov. 28, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death congestive heart failure - uraemic poisoning

Due to myocardial degeneration - arterial Myocardial degeneration - arterial

Due to chronic nephritis Chronic nephritis

Other conditions 1314
(Include pregnancy within 3 months of death)

Duration 10 days

several years

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury fall

23. Signature Francis R. Pitkin (M. D. or other) M.D.

Address 5233 West Broadway Date signed 11-29-48

Dr Ritchie
5233 Waterman

OCT 10 1950

JAN 18 1949

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 Robert T. Sangster

Licensed Embalmer No. 4290

P. O. Address St Louis, Mo

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.

Registration District No. 317 Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Belleville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9066 Old Bonhomme Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lourence O. Edwards
(b) If veteran, name war _____
3. (c) Social Security No. _____

20. DATE OF DEATH: Month 12 Day 9
Year 1948 Hour _____ Minute _____ M.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____
7. Birth date of deceased Oct 3
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, at _____, _____, _____, and that death occurred on the date and hour stated above. Immediate cause of death _____

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

Due to _____
Due to _____

9. Birthplace (City, town, or county) _____ (State or foreign country) Mo

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

10. Usual occupation _____

Major findings: Of operations _____

11. Industry or business _____
12. Name _____
13. Birthplace (City, town, or county) _____ (State or foreign country) _____

Of autopsy _____
Underline the cause to which death should be charged statistically.

14. Maiden name _____ (State or foreign country) _____
15. Birthplace (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant _____
(b) Address _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation _____
(Specify type of place)

While at work? _____ (c) Means of injury _____

18. (a) Signature of funeral director _____
(b) Address _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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

SUPPLEMENTARY

