

FILED JUN 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16988

State File No.

5. No. 300
V. 10.48
74
2

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 202

1. PLACE OF DEATH a. COUNTY <u>ST. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonne Terre</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonne Terre</u> <u>9 1/2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>211 Hill St.</u>		d. STREET ADDRESS (If rural, give location) <u>211 Hill St.</u> <u>10</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Margarete</u> b. (Middle) <u>Frances</u> c. (Last) <u>Edwards</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 2, 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 16, 1864</u>
9. AGE (In yrs) last birthday <u>85</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>17</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Care of Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>Mo</u> <u>Near Farmington</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Frederick Ebrecht</u>	
13b. MOTHER'S MAIDEN NAME <u>Katherine Herginger</u>		14. NAME OF HUSBAND OR WIFE <u>William A. Edwards</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u> (If yes, give war or dates of service) <u></u>		16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Frank Woodside</u>		ADDRESS <u>Bonne Terre Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1/20/6</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR		22. I hereby certify that I attended the deceased from <u>March</u> , 19 <u>46</u> , to <u>June 2</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>December 1948</u> , and that death occurred at <u>10:45 am.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>D. M. Taylor M.D.</u>		23b. ADDRESS <u>Bonne Terre, Missouri</u>	
23c. DATE SIGNED <u>6-8-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>June 4, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bonne Terre Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Bonne Terre, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. J. Boyer & Son, DeLoe</u>	
DATE REC'D BY LOCAL REG. <u>June 9, 1949</u>		REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u> ADDRESS <u>2511 N. 3rd St. Bonne Terre, Mo.</u>	

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

RECEIVED

Missouri Health Officer No. 4
Case File Number 649-787
Date Filed 6-13-49

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed S. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Deer Lodge, 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.