

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24758  
State File No. 6356  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis</b>	
c. LENGTH OF STAY (in this place) <b>1 mo; 3 wks</b>		d. STREET ADDRESS (If rural, give location) <b>19-4368 Washington Blvd</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Annie Mae</b>		b. (Middle) <b>Edmond</b>	
c. (Last) <b>Edmond</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 17 1949</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Sept 5, 1927</b>
9. AGE (In years last birthday) <b>21</b>	IF UNDER 1 YEAR Months <b>19</b>	IF UNDER 4 HRS. Days <b>7</b>	IF UNDER 15 MIN. Hours <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nil</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Nil</b>	11. BIRTHPLACE (State or foreign country) <b>Mississippi</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>			
13a. FATHER'S NAME <b>Jesse Chones</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Perkins</b>	
14. NAME OF HUSBAND OR WIFE <b>--</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Nil</b>		16. SOCIAL SECURITY NO. <b>--</b>	
17. INFORMANT'S SIGNATURE OR NAME. <b>S Jenkins - 2601 N Whittier</b>		ADDRESS <b>S Jenkins - 2601 N Whittier</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Unk</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Far-Advanced Pulmonary Tuberculosis</b>		ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>			
DUE TO (b) _____		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					

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) <b>St Louis MO</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>6:40 2 X</b>	

22. I hereby certify that I attended the deceased from May 27, 1949, to July 17, 1949, that I last saw the deceased alive on July 17, 1949, and that death occurred at 6:40 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. B. Hedrick M.D.</b>		23b. ADDRESS <b>2601 N Whittier</b>		23c. DATE SIGNED <b>7-20-49</b>	
24a. FUNERAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 25/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Dale</b>	
24d. LOCATION (City, town, or county) (State) <b>St Louis MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. B. Sasater</b>		ADDRESS <b>4214 Delmar</b>	
DATE REC'D BY LOCAL REG. <b>JUL 22 1949</b>		REGISTRAR'S SIGNATURE			

WRITE PLAINLY—USING 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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.