

FILED SEP 22 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32521**

46

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6876 Registrar's No. 1930

1. PLACE OF DEATH a. COUNTY S t. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryland Heights		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryland Heights	
c. LENGTH OF STAY (in this place) None		d. STREET ADDRESS (If rural, give location) Maryland Heights	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location) Maryland Heights	
3. NAME OF DECEASED (Type or Print) a. (First) Emma		b. (Middle) Edwards	
c. (Last) Edwards		4. DATE OF DEATH (Month) (Day) (Year) 8 - 6 - 49	
5. SEX Female		6. COLOR OR RACE Negro	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 2/27/80	
9. AGE (In years last birthday) 69		10. IF UNDER 1 YEAR Hours Min. 69	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	
11. BIRTHPLACE (State or foreign country) Crevecoeur Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Frank Faulkner		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Orlean Edwards		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Orlean Edwards ADDRESS Maryland Heights Mo.	
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) ESSENTIAL HYPERTENSION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 444X 444X	
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)		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>July 16, 1949</u> to <u>Aug. 6, 1949</u> , that I last saw the deceased alive on <u>Aug. 6, 1949</u> , and that death occurred at <u>12:50 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Francis D. Alexander M.D.		23b. ADDRESS 177 E. Fulkerson, Webster	
23c. DATE SIGNED 6-8-49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 8/9/49		24c. NAME OF CEMETERY OR CREMATORY Musik Cemetery	
24d. LOCATION (City, town, or county) (State) Maryland Heights Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Hermon L. Allen ADDRESS 4254 W. Finney	
DATE REC'D BY LOCAL REG. 9-1-49		REGISTRAR'S SIGNATURE Hermon L. Allen	

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

Leroy W. Gunnister

Licensed Embalmer No.

4529

P. O. Address

3880 Easton Ct

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.