

FILED OCT 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35093

State File No. 8755

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>St. Louis</u> )		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		3 _____		
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>4106 Cleveland Ave</u>				d. STREET ADDRESS (If rural, give location) <u>17 - 4106 Cleveland Ave</u>				
3. NAME OF DECEASED (Type or Print) <u>Dollie V. Edwards</u>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 9 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 29 1878</u>		
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u>9</u>		IF UNDER 12 HRS. Days <u>10</u>		IF UNDER 12 MIN. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		
12. CITIZEN OF WHAT COUNTRY? <u>US</u>			13a. FATHER'S NAME <u>Stephen D. Curtis</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Sauerwine</u>		14. NAME OF HUSBAND OR WIFE <u>Richard S. Edwards</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Richard S. Edwards 4106 Cleveland St. St. Louis, 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, ashenia, etc. It means the disease, injury, or complication which caused death.								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremiae</u>						INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) making the underlying cause last. DUE TO (b) <u>Coronary Heart Disease with Myocarditis.</u> DUE TO (c) <u>Ascities general.</u>								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetis.</u>						<u>4-201</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____				
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>May 3</u> , 19 <u>48</u> , to <u>October 9, 1949</u> , that I last saw the deceased alive on <u>October 7, 1949</u> , and that death occurred at <u>3:30Am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>James P. [Signature]</u> (Type or Print)				23b. ADDRESS <u>634 North Grand</u>		23c. DATE SIGNED <u>10/11/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/12/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>OCT 11 1949</u>		REGISTRAR'S SIGNATURE <u>J B [Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Meyer-Pfitzinger</u> ADDRESS <u>Winwood Mo</u>				

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

*John M. Meyer*

Licensed Embalmer No. *3288*

P. O. Address *Kirkwood 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.