

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35095**
8837

FILED OCT 27 1949

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				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 St. Louis			c. LENGTH OF STAY (in this place) 20 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood			96 4		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri Baptist Hosp.				d. STREET ADDRESS (If rural, give location) h/r-107 Chester Ave					
3. NAME OF DECEASED (Type or Print) William			a. (First)		b. (Middle)		c. (Last)		
Earl			Edwards		4. DATE OF DEATH		10/12/49		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 13 1886		9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 11	IF UNDER 24 HRS. Days 20	IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ironworker			10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (State or foreign country) Glazier, Ill			12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME Wm R. Edwards			13b. MOTHER'S MAIDEN NAME Organ			14. NAME OF HUSBAND OR WIFE Earl Edwards			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 493-07-4738		17. INFORMANT'S SIGNATURE OR NAME Opal Edwards				ADDRESS 107 Chestern Ave Kirkwood 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ca of Gall Bladder & Metastasis 1 mo</u> 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. <u>Latent Lucs. III</u>						INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION 10-12-49		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) 466 153X					
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? 153X					
22. I hereby certify that I attended the deceased from <u>9/24</u> , 19 <u>49</u> , to <u>10-12</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>10-12</u> , 19 <u>49</u> , and that death occurred at <u>9P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) John K. Kennedy M.D.				23b. ADDRESS 508 No Grand Ave.		23c. DATE SIGNED 10-14-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/15-49	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kirkwood 25 Mo				
DATE REC'D BY LOCAL REG. OCT 14 1949		REGISTRAR'S SIGNATURE J B Swater		25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfitzinger Kirkwood Mo					

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. *3788*

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.