No. 300
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35717

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2656

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1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wellstom
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6311 Isabella Ave.,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis Co.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 31 Wellston 4310
d. STREET ADDRESS (If rural, give location): 6311 Isabella Ave.,

3. NAME OF DECEASED (Type or Print)
a. (First): THERESA
b. (Middle): AGNES
c. (Last): EDWARDS

4. DATE OF DEATH (Month) (Day) (Year): Nov. 2,1950.

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widoewd 2
8. DATE OF BIRTH: Don't Know About 81
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ireland 4
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Patrick Kane
13b. MOTHER'S MAIDEN NAME: Elizabeth Sheehy
14. NAME OF HUSBAND OR WIFE: John Edwards D c.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Teresa Edwards, 6311 Isabella Ave.,

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) Cardio Vascular disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

INTERVAL BETWEEN ONSET AND DEATH: 14521

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None. 4221
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: ✓

22. *I hereby certify that I attended the deceased from* 1/1, 1940, *to* 11/2, 1950, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 8:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Peter O'Reilly MD
23b. ADDRESS: 6125 Bartmer
23c. DATE SIGNED: 11/3/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 6,1950
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cem.,
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: 11-3-50
REGISTRAR'S SIGNATURE: Herbert R Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Jos. W. Clark, 1125 Hodiamont Ave.,

RWR (Licensed Embalmer's Statement on Reverse Side)

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

Dr. P.J.Reilly
6125 Bartmer Ave.,
CA. 5187

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Alfred F. Boldeker

Signed.....
Student Embalmer

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont Ave.,

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.