S. No. 300
v. 10.48

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

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6884

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 299

1. PLACE OF DEATH
a. COUNTY: St Louis Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): So. Kirkwood Park
c. LENGTH OF STAY (In this place): 4050 / 1
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Louis Co Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): South Kirkwood Park
d. STREET ADDRESS (If rural, give location): 416 Lip Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Katie
b. (Middle):
c. (Last): Edwards

4. DATE OF DEATH (Month) (Day) (Year): 1 30 51

5. SEX: Female

6. COLOR OR RACE: Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct 30/1872

9. AGE (In years last birthday): 78
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): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Kosciusko / Miss.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Not Known

13b. MOTHER'S MAIDEN NAME: Not Known

14. NAME OF HUSBAND OR WIFE: John 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.: None

17. INFORMANT'S SIGNATURE OR NAME: Mrs Frances Bias
ADDRESS: 416 Lip So. Kirkwood

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) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 443 X

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* 1-14-, 1951, *to* 1-30-, 1951, *that I last saw the deceased alive on* 1-30-, 1951, *and that death occurred at* 1:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title): M.D.
23b. ADDRESS: 601 S. Brentwood Clayton Mo
23c. DATE SIGNED: 1-30-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Bu
24b. DATE: 2/5/1951
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): St Louis Co. Mo

DATE REC'D BY LOCAL REG.: 2/2/51
REGISTRAR'S SIGNATURE: Gilbert F. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: G. W. Price
ADDRESS: 4469 Washington

(Licensed Embalmer's Statement on Reverse Side)

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 H. P. Stark

Signed.....
Student Embalmer

Licensed Embalmer No. 4599

P. O. Address St. Louis

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.