

No. 300
10/48

FILED MAY 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14967

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 363 Registrar's No. 1040

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (in this place) <u>3 wks</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryland Heights</u> <u>4250</u>	
		d. STREET ADDRESS (If rural, give location) <u>MAGGS STREET</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) _____ c. (Last) <u>Edwards Jr</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 18 51</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>3/9/96</u>		9. AGE (In years last birthday) <u>55</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	
11. BIRTHPLACE (State or foreign country) <u>Creve Coeur, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	

13a. FATHER'S NAME <u>Charles Edwards</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Thurston</u>		14. NAME OF HUSBAND OR WIFE <u>Irene Edwards</u>	
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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>499-01-5749</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Irene Edwards</u> ADDRESS <u>Maryland Heights, Mo</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumothorax - due to trauma.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 days</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>Cerebro-vascular Accident</u>		<u>5 days</u>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>11AD X16.4</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Woodson Road</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Overland St. Louis Mo.</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4-18-51 8:10 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Collision of two moving autos.</u>	
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22. I hereby certify that I attended the deceased from 3-24, 1951, to 4-18, 1951, that I last saw the deceased alive on 4-18, 1951, and that death occurred at 9:35 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Smith, M.D.</u> (Degree or title)		23b. ADDRESS <u>601 S. Brentwood, Clayton Mo.</u>		23c. DATE SIGNED <u>4-18-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/22/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Music Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>4/20/51</u>		REGISTRAR'S SIGNATURE <u>Robert P. Tomke</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Chas. J. Gates</u> ADDRESS <u>4107 Finney Avenue</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

John K. Cunningham

Licensed Embalmer No. 4476

Signed.....
Student Embalmer

P. O. Address 407 Finney Avenue

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.