

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18008
4913

FILED JUN 9 1951

State File No.
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		State File No.		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 <u>St. Louis Co.</u>							
b. CITY (If outside corporate limits, write RURAL and give township) 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>Wellston</u> <u>4311</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>In Route to Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>6203 Bartmer Ave.,</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>FLOYD</u>			b. (Middle) <u>R.</u>			c. (Last) <u>EDWARDS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 25, 1951.</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 4, 1922.</u>		9. AGE (In years last birthday) <u>28</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber Labor</u>				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) <u>Hartshorn, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Lra Edwards</u>				13b. MOTHER'S MAIDEN NAME <u>Nancy Sullivan</u>				14. NAME OF HUSBAND OR WIFE <u>Ula Edwards</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>			16. SOCIAL SECURITY NO. <u>#2</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ula Edwards, 6203 Bartmer Ave.,</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Electrocution; suffered exact time unknown, May 25 1951. Deceased was electrocuted while working as plumber in sub-assembly of building</u>								INTERVAL BETWEEN ONSET AND DEATH _____	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>119 No Jefferson Ave</u>									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Accident</u>								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, OR HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, shop, factory, street, office bldg., etc.) <u>Building</u>				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 25 51</u>				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>E9142</u>					
22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:46</u> m., from the causes and on the date stated above. <u>11</u>											
23a. SIGNATURE <u>Patricia E. Taylor-Carson</u> (Degree or title) _____						23b. ADDRESS <u>1300 Clark</u>			23c. DATE SIGNED <u>5 26 51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 27, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Antioch Cem.</u>				24d. LOCATION (City, town, or county) (State) <u>Summersville, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>MAY 26 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Lavater</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J's. W. Clark 1125 Hodiament Ave.,</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

City Coroner

JUN 14 1951

JUN 9 1951

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Elton H. Penelmo

Licensed Embalmer No. 4283

P. O. Address St. Louis, 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.