

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18009

State File No.

FILED MAY 28 1951

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>4458</u>				
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>21</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		<u>2219</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2127A Cole St.</u>				<u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u>			b. (Middle) _____			c. (Last) <u>Edwards</u>				
4. DATE OF DEATH (Month) (Day) (Year) <u>May 9 1951</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>9-22-15</u>			9. AGE (In years last birthday) <u>35</u>			10. IF UNDER 1 YEAR Months <u>7</u> Days <u>16</u>		11. IF UNDER 18 HRS. Hours <u>1</u> Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Raywick, Kentucky</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>George Edwards</u>			13b. MOTHER'S MAIDEN NAME <u>Sadie Mills</u>			14. NAME OF HUSBAND OR WIFE <u>Hattie Edwards</u>				
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>1404-5192</u>			17. INFORMANT'S SIGNATURE OR NAME <u>HAZEL EDWARDS</u>			ADDRESS <u>2127A COLE ST</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonitis of Undetermined Origin</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Undetermined</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>		
19a. DATE OF OPERATION _____		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) _____		
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? <u>H92X</u>						
22. I hereby certify that I attended the deceased from <u>5-7</u> , 19 <u>51</u> , to <u>5-9</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5-9</u> , 19 <u>51</u> , and that death occurred at <u>6:55a</u> m., from the causes and on the date stated above.										
23a. SIGNATURE <u>Oliver J. Thompson, D.</u>					23b. ADDRESS <u>2601 N Whittier St</u>			23c. DATE SIGNED <u>5-11-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-12-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>				
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>MAY 1 1951 J. B. Pasater</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Koonee</u>		ADDRESS <u>1221 N. Grand</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

[Handwritten Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. *4755*

P. O. Address *1221 A Grand*

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.