

No. 300
V. 10-48

FILED MAY 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18990

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2200

1. PLACE OF DEATH a. COUNTY <i>St. Louis County</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give town) <i>RURAL - Maryland Heights</i> c. LENGTH OF STAY (In this place) <i>40 yrs.</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>25 TOWN Maryland Heights MO. 4000</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Vernon St</i>		d. STREET ADDRESS (If rural, give location) <i>Vernon St.</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>ORLEAN</i> b. (Middle) <i>ANDERSON</i> c. (Last) <i>EDWARDS</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>5-12-51</i>	
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>NEGRO</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i>	8. DATE OF BIRTH <i>6-3-81</i>
9. AGE (In years last birthday) <i>70</i>		10. KIND OF BUSINESS OR INDUSTRY <i>LABOR</i>	11. BIRTHPLACE (State or foreign country) <i>CREVE COEUR MO.</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>LABOR</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	

13a. FATHER'S NAME <i>CHARLES EDWARDS</i>	13b. MOTHER'S MAIDEN NAME <i>SUSAN THURSTON</i>	14. NAME OF HUSBAND OR WIFE <i>DECEASED</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <i>NONE</i>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <i>Lerna F. Black, Box 37, Maryland Heights</i>

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) <i>Concussion of chest, Internal injuries</i>		INTERVAL BETWEEN ONSET AND DEATH <i>49 days</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <i>Automobile accident</i>		
	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 <i>none</i>	19b. MAJOR FINDINGS OF OPERATION <i>none</i>	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.) <i>St. Louis County</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Maryland Heights St. Louis MO</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>3-24-51 10^{PM}</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Automobile accident</i> Two moving vehicles

22. I hereby certify that I attended the deceased from *5-24*, 1951, to *5-12*, 1951, that I last saw the deceased alive on *5-12*, 1951, and that death occurred at *1401* a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Harvey S. Allen, M.D.</i> (Degree or title)	23b. ADDRESS <i>826 N. Channing St.</i>	23c. DATE SIGNED <i>5-17-51</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24b. DATE <i>5-16-51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Musik Cem.</i>
24d. LOCATION (City, town, or county) (State) <i>Maryland Heights MO.</i>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>William L. Allen, 4368 Washington Bl.</i>	
DATE REC'D BY LOCAL REG. <i>5-16-51</i>	REGISTRAR'S SIGNATURE <i>Herbert R. Danks, M.D.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

4000

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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed *Frederic J. Gaudin*

Licensed Embalmer No. *4743*

P. O. Address *130 Elkhite*

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.