

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24522

State File No. 5640

1003

Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. 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		
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. LENGTH OF STAY (In this place township) <u>40 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		2219
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>2006 O' Fallon</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u>		b. (Middle)	c. (Last) <u>Edwards</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 15 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>April 19, 1874</u>	9. AGE (In years last birthday) (Specify) <u>77</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Miss.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
13a. FATHER'S NAME <u>Henry Edwards</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Shelby</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elizabeth Rhodes, 2601 N Whittier St</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
ANTECEDENT CAUSES					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Probable Luetic Aortitis</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>					
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>023X</u>		
22. I hereby certify that I attended the deceased from <u>5-13</u> , <u>1951</u> , to <u>6-15</u> , <u>1951</u> , that I last saw the deceased alive on <u>6-15</u> , <u>1951</u> , and that death occurred at <u>7 a</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Wrenn W. Harris</u> M. D.			23b. ADDRESS <u>2601 N Whittier St</u>		23c. DATE SIGNED <u>6-18-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>6 JUN 22 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Bldg</u>	24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>JUN 22 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Lesater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rowland Mortuary Service Inc.</u>	

(Licensed Embalmer's Statement on Reverse Side)

St. Louis 10, Mo.

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 _____

Students of Mortuary College Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed *James A. Lemmers* _____

Licensed Embalmer No. *4192* _____

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.