

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9904**

**FILED MAR 29 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2687**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		2219
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2741<sup>2</sup> THOMAS ST</b>			d. STREET ADDRESS (If rural, give location) <b>2741<sup>2</sup> THOMAS ST</b>		
3. NAME OF DECEASED (Type or Print) <b>MAMIE</b>			a. (First)	b. (Middle)	c. (Last) <b>EDWARDS</b>
4. DATE OF DEATH	(Month)	(Day)	(Year)		
<b>3</b>	<b>18</b>	<b>52</b>			
5. SEX <b>3</b> <b>FEMALE</b>	6. COLOR OR RACE <b>COLORED</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JAN 28 1902</b>	9. AGE (In years last birthday) <b>50</b>	IF UNDER 1 YEAR Months
					IF UNDER 24 HRS. Hours
					Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NID</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>KATER TEXAS</b>	12. CITIZEN OF WHAT COUNTRY? <b>TEXAS</b>
13a. FATHER'S NAME <b>EMMETT ROBINSON</b>		13b. MOTHER'S MAIDEN NAME <b>ELMIRA RAFOED</b>		14. NAME OF HUSBAND OR WIFE <b>OPPIE W. EDWARDS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Oppie W. Charles 3055 Easton</b>		
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) <b>Supernatural, unspecified</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? <b>H&amp;K</b>			
22. I hereby certify that I attended the deceased from <b>2/20</b> , 19 <b>52</b> , to <b>3/18</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>3-17</b> , 19 <b>52</b> , and that death occurred at <b>6 P</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>[Signature]</b>		(Degree or title)	23b. ADDRESS <b>112 Jefferson Ave</b>		23c. DATE SIGNED <b>3/20</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>3-24-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>WASHINGTON PARK</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS CTY MO</b>		
DATE REC'D BY LOCAL REG. <b>MAR 21 1952</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>M. A. F. WALTON</b>	ADDRESS <b>2717 STODDARD ST.</b>		

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Arthur L. Holliard

Licensed Embalmer No. 4221

P. O. Address 4524 Alden

**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.