

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23034**
Registrar's No. **1715**

No. 300
10.48
FILED JUL 5 1952

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brentwood		c. LENGTH OF STAY (in this place) 7 mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION residence-8780 East Lawn		5. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brentwood 4511	
		d. STREET ADDRESS (If rural, give location) 8780 East Lawn Avenue	

3. NAME OF DECEASED (Type or Print) ALBERT G EDWARDS			4. DATE OF DEATH (Month) (Day) (Year) 6 21 52		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH June 21, 1894		9. AGE (in years last birthday) 58		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) foreign missionary		10b. KIND OF BUSINESS OR INDUSTRY Ministry		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Benjamin F. Edwards		13b. MOTHER'S MAIDEN NAME Isabel Woods	
14. NAME OF HUSBAND OR WIFE Marie Gehlsen Edwards		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Julia Edwards		17. ADDRESS 8780 East Lawn Avenue			

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain tumor, Malignant				INTERVAL BETWEEN ONSET AND DEATH 1 year	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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		19b. MAJOR FINDINGS OF OPERATION 193X				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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **May 13, 1952**, to **June 24, 1952**, that I last saw the deceased alive on **June 23, 1952** and that death occurred at **6:30 am.**, from the causes and on the date stated above.

23a. SIGNATURE Wm T Dean MD (Degree or title)		23b. ADDRESS 3511 Central Clayton Mo		23c. DATE SIGNED 6/24/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6-26-52		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis Missouri		25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons		25. ADDRESS 7233 Delmar Blvd	
DATE REC'D BY LOCAL REG. 6-24-52		REGISTRAR'S SIGNATURE Herbert R. Donke MD			

SW (Licensed Embalmer's Statement on Reverse Side)

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

Dr. Stumm Beaman
35 N. Central
De-9100 CA 6411

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

Arnold W. Schoene

Licensed Embalmer No.

3864

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.