

S. No. 37
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41097**

XC 17 099 518

REG. #106 112

BIRTH NO. **1412** DEC 12 1952

REG. DIST. NO. **317**

PRIMARY REG. DIST. NO. **500**

Registrar's No. **3089**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—4000

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. LENGTH OF STAY (In this place) 21 DAYS	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
3. NAME OF DECEASED (Type or Print) a. (First) RAYMOND b. (Middle) R. c. (Last) EDWARDS		4. DATE OF DEATH (Month) (Day) (Year) 12-1-52	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 10-6-15
9. AGE (In years last birthday) 37 YRS		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PORTER		10b. KIND OF BUSINESS OR INDUSTRY MANUFACTURING	
11. BIRTHPLACE (City and State or Foreign Country) BRIDGETON, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME AUSTIN EDWARDS		13b. MOTHER'S MAIDEN NAME KATTIE WHITE	
14. NAME OF HUSBAND OR WIFE NONE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-II	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF BRKS, MO.	
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) Arteriosclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4200 II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. Thrombophlebitis, left leg	
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) VA		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 11-10-52 , 19 52 , to 12-1-52 , 19 52 , and that death occurred at 12:50A m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) R. A. ALLEN, M.D.		23b. ADDRESS VET ADM HOSP, JEFF BRKS, MO.	
23c. DATE SIGNED 12-1-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 12/4/52		24c. NAME OF CEMETERY OR CREMATORY National Jeff Brks St Louis Co.	
24d. LOCATION (City, town, or county) (State) Mo		24e. FUNERAL DIRECTOR'S SIGNATURE H. W. Bruce 4469 Washington	
DATE REC'D BY LOCAL REG. 12-2-52		REGISTRAR'S SIGNATURE Herbert R. Danks	

(Licensed Embalmer's Statement on Reverse Side)

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 Frederick P. Stark

Licensed Embalmer No. 4599

P. O. Address 2469 Washington St. Louisville, 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.