

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3045**  
Registrar's No. **0307**

FILED JAN 28 1953

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

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, Missouri</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>4935 Schollmeyer Ave.</b>	
3. NAME OF DECEASED (Type or Print) <b>JAMES</b>		c. (Last) <b>EDWARDS</b>	
a. (First)		b. (Middle)	
4. DATE OF DEATH <b>JANUARY 10, 1953</b>		(Month) (Day) (Year)	
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widower</b>		8. DATE OF BIRTH <b>July 19th. 1875</b>	
9. AGE (In years last birthday) <b>77</b>		# UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Building</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>South Wales England</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>Roger Edwards</b>		13b. MOTHER'S MAIDEN NAME <b>Gwendolyn ?</b>	
14. NAME OF HUSBAND OR WIFE <b>Jennie McKee (Deceased)</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>488-09-5777</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mary G. Goodall</b>		ADDRESS <b>4935 Schollmeyer</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>CONGESTIVE HEART FAILURE</b>  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. DUE TO (b) <b>ARTERIO SCLEROTIC HEART DISEASE</b> DUE TO (c) <b>CHRONIC BRAIN SYNDROME ASSOCIATED WITH CEREBRAL ARTERIOSCLEROSIS</b>			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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <b>4200</b>			
22. I hereby certify that I attended the deceased from <b>1-6-53</b> , 19 <b>53</b> , to <b>1-10-53</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>1-10-53</b> , 19 <b>53</b> , and that death occurred at <b>7:45A</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Edwin W. Schmidt, M.D.</b>		23b. ADDRESS <b>1515 Lafayette Avenue</b>	
23c. DATE SIGNED <b>1-12-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan. 13th. 1953</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Henry L. Weidmueller</b>		ADDRESS <b>6203 Gravois</b>	
DATE REC'D BY LOCAL REG. <b>JAN 12 1953</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</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

*John J. Haines*

Licensed Embalmer No. 4108

P. O. Address Rockville

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.