

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **3046****1039**

FILED FEB 11 1953

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				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 St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2129		
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 12 5227 Kensington				
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) _____ c. (Last) Edwards			4. DATE OF DEATH (Month) (Day) (Year) Jan. 27 1953					
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 5/26/1920		
9. AGE (In years last birthday) 32		IF UNDER 1 YEAR Months 8		IF UNDER 1 YEAR Days 1		IF UNDER 1 MIN. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) / Eads Fayette Co. Tennessee		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME John Edwards			13b. MOTHER'S MAIDEN NAME Samella Yancey			14. NAME OF HUSBAND OR WIFE -----		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ?		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Samella Yancey 5227 Kensington				
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) Insipient Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malignant Hypertension DUE TO (c) Undetermined II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND DEATH Undet. "	
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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 445x				
22. I hereby certify that I attended the deceased from 1-8 , 19 53 , to 1-27 , 19 53 , that I last saw the deceased alive on 1-27 , 19 53 , and that death occurred at 11:35a. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Edw. B. Williams M. D.				23b. ADDRESS 2601 N Whittier St.		23c. DATE SIGNED 1-28-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/29/53		24c. NAME OF CEMETERY OR CREMATORY Gracacreek Cemetery		24d. LOCATION (City, town, or county) (State) Eads Fayette Co. Tennessee		
DATE REC'D BY LOCAL REG. JAN 29 1953		REGISTRAR'S SIGNATURE J. Earl Smith M.D. g.a. (Licensed Embalmer's Statement on Reverse Side)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Earl Harris 4156 A Maphitt aul				

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

Leroy W. Bannister

Licensed Embalmer No. 4523

P. O. Address 3880 Epston

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.