

FILED APR 10 1953

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 11497

3389

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 <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <u>ST. Louis</u>	c. LENGTH OF STAY (in this place) <u>36 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. Louis</u> <u>2259</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>25 IIOI, B. North Iith, Street</u>	

3. NAME OF DECEASED (Type or Print) <u>VIRGINIA</u>			a. (First)		b. (Middle)		c. (Last) <u>EDMONDS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 - 28 - 1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Col.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>3 - 25 - 1904</u>		9. AGE (in years last birthday) <u>49</u>		# UNDER 1 Year Days <u>3</u>	# UNDER 2 MRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) <u>Nashville Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13a. FATHER'S NAME <u>Rann Buford</u>		13b. MOTHER'S MAIDEN NAME <u>Mandia</u>		14. NAME OF HUSBAND OR WIFE <u>Guy Edmonds</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>8</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Guy Edmonds</u> ADDRESS <u>IIOI, B. No. Iith, Street</u>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Miscel Insufficiency</u>					
		ANTECEDENT CAUSES					
		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				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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? <u>410X</u>	
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22. I hereby certify that I attended the deceased from 1-16, 1903, to 3-25, 1953, that I last saw the deceased alive on 1-24, 1953 and that death occurred at 1:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. W. Wilkerson</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>4141 Pge</u>		23c. DATE SIGNED <u>5-30-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-4-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Wood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>ST. Louis. Missouri</u>	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>MAR 30 1953</u>		FUNERAL DIRECTOR'S SIGNATURE <u>John J. Houston</u> ADDRESS <u>2616, No. Garrison</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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 U. Bannister

Licensed Embalmer No. 4523

P. O. Address 3880 Eastern Ave

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.