

FILED APR 16 1953  
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REG# 108780

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16611

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 996

4000

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

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 OR TOWN JEFFERSON BARRACKS, MO.)		c. LENGTH OF STAY (In this place) 39 DAYS	c. CITY OR TOWN ST. LOUIS
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		e. STREET ADDRESS (If rural, give location) 3113 Franklin Ave. 2219	
3. NAME OF DECEASED (Type or Print) a. (First) Antwine		b. (Middle) (NMI)	c. (Last) EDWARDS
4. DATE OF DEATH 4-5-53		5. SEX MALE	6. COLOR OR RACE NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIED		8. DATE OF BIRTH 12-12-15	9. AGE (In years last birthday) 37
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WAITER		10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME JOHN EDWARDS	13b. MOTHER'S MAIDEN NAME MINNIE LEE
14. NAME OF HUSBAND OR WIFE MRS. CORA EDWARDS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	16. SOCIAL SECURITY NO. 486 18 4797
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) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HYPERTENSIVE CARDIOVASCULAR DISEASE	INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CHRONIC PYELONEPHRITIS 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 6000	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 2-25, 1953, to 4-5, 1953, and that death occurred at 12:05A m., from the causes and on the date stated above.	23a. SIGNATURE R R Allen
23b. ADDRESS R. A. ALLEN, M.D. VET ADM HOSP., JEFF BRKS, MO.	23c. DATE SIGNED 4-5-53	24a. BURIAL, CREMATION, OR OTHER (Specify)	24b. DATE 4-10-53
24c. NAME OF CEMETERY OR CREMATORY National Cem. Jeff Barr	24d. LOCATION (City, town, or county) St. Louis MO	25. FUNERAL DIRECTOR'S SIGNATURE H. R. D... M.D.	ADDRESS 4214 Delmar
DATE REC'D BY LOCAL REG. 4-7-53	REGISTRAR'S SIGNATURE Herbert R. D... M.D.	26. (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 .....  
Signature of Student Embalmer

Signed *F. A. Green*

Licensed Embalmer No. *2963*

P. O. Address *4214 Delmar*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.