

FILED SEP 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31354

State File No. _____
Registrar's No. 141

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049

1. PLACE OF DEATH
a. COUNTY Remiscot
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hayti
c. LENGTH OF STAY (In this place) 29 hrs
d. FULL NAME OF (If in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Remiscot County Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Sto
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
d. STREET ADDRESS (If rural, give location) 5076 Vernon Ave.

3. NAME OF DECEASED
a. (First) Robert b. (Middle) Lee c. (Last) Edwards
4. DATE OF DEATH (Month) (Day) (Year) 9 - 5 - 1954

5. SEX Male 6. COLOR OR RACE Colored 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH 11 - - 1911 9. AGE (In years last birthday) 42 IF UNDER 1 YEAR Months Days IF UNDER 4 HRS 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 Lumber yard 11. BIRTHPLACE (State or foreign country) unk. 12. CITIZEN OF WHAT COUNTRY? 9

13a. FATHER'S NAME Ben W Edwards 13b. MOTHER'S MAIDEN NAME Minnie Johnson 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Vera Porter, 4417 Elmbank Ave., St. Louis

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed chest & head injuries, also numerous body lacerations
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. Car wreck E82-34 92
INTERVAL BETWEEN ONSET AND DEATH 29 hrs

19a. DATE OF OPERATION none 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) US Highway 61 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hayti Remiscot Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 9-4-54 10:20 a.m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? Passed Car on shoulder & ran into bridge

22. I hereby certify that I attended the deceased from 9-4-1954, to 9-5-1954, that I last saw the deceased alive on 9-5-1954 and that death occurred at 5:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. W. Cook M.D. 23b. ADDRESS Caerulorsville 23c. DATE SIGNED 9-6-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 9-6-54 24c. NAME OF CEMETERY OR CREMATORY Washington Park 24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. 9-9-54 REGISTRAR'S SIGNATURE John W. Kerman 25. FUNERAL DIRECTOR'S SIGNATURE W. B. Baker & Son St. Louis, Mo.

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

9-211-54

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

9-15-54

OCT 28 1954

SEP 20 1954

SEP 20 1954

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 H. German*

Licensed Embalmer No. *4355*

P. O. Address *Hayti, 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.