

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

FILED MAR 26 1956

State File No. **11890**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **630**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>St. Louis</b>		a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lemay</b>	c. LENGTH OF STAY (in this place) <b>3 years</b>	c. CITY OR TOWN <b>Lemay 4870</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>323 W. Felton Avenue</b>		e. STREET ADDRESS (If rural, give location) <b>323 W. Felton Avenue</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>CLIFTON</b>	b. (Middle) <b>J.</b>	c. (Last) <b>EDWARDS</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>March 4, 1956</b>
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>Sept. 30, 1883</b>	<b>9. AGE</b> (In years last birthday) <b>72</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 1 HR.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Miller</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>St. Joseph Lead Co.</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Bonne Terre, Missouri</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U. S. A.</b>
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<b>13a. FATHER'S NAME</b> <b>Joseph Edwards</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Ann Harris</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Lucy</b>
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<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> (If yes, give year or date of service) <b>494-05-1902</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Velva Hopkins</b>	<b>ADDRESS</b> <b>323 W. Felton, Lemay 23 Mo.</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Coronary Thrombosis</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>unknown</b>  DUE TO (c) <b>unknown</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>4201</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 12:45-3:4 1956, to 3-4, 1956, that I last saw the deceased alive on 3-4, 1956, and that death occurred at 6:30 A.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>Walter J. Ferry, D. O.</b>	<b>23b. ADDRESS</b> <b>2743 Telegraph</b>	<b>23c. DATE SIGNED</b> <b>3-5-56</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>24b. DATE</b> <b>Mar. 7, 1956</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Immaculate Conception Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Desloge, Missouri</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>3-6-56</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Herbert R. Dombrowski</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>C. Hoffmeister</b>	<b>ADDRESS</b> <b>U. &amp; L. Co. 7814 So. Broadway St. Louis 11 Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Harry J. Skumacher*  
Licensed Embalmer No. *26*

P. O. Address *7814 1/2 Ave*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.