

FILED JUN 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **17807**
Registrar's No. **4857**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4857	
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 OR TOWN St. Louis		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 4368 Hunt avenue				e. STREET ADDRESS (If rural, give location) 18 4368 Hunt avenue			
3. NAME OF DECEASED (Type or Print)		a. (First) JULIUS		b. (Middle) ARRON		c. (Last) EDWARDS	
4. DATE OF DEATH 5-18-56		5. SEX <input checked="" type="checkbox"/> male		6. COLOR OR RACE white		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH 11-9-1877		9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired butcher		11. BIRTHPLACE (City and State or Foreign Country) Ind. Packing Co. Kentucky	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired butcher		10b. KIND OF BUSINESS OR INDUSTRY Ind. Packing Co.		11. BIRTHPLACE (City and State or Foreign Country) Kentucky		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Silas Edwards		13b. MOTHER'S MAIDEN NAME Jodie Wilson		14. NAME OF HUSBAND OR WIFE Sylvia Edwards			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 489-07-1063-A		17. INFORMANT'S SIGNATURE OR NAME Lloyd Edwards, Granite City, Ill.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral thrombosis, left Cerebra Thrombosis left Diabetes Mellitus Antecedent causes: Diabetes Mellitus Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellitus DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, general Arteriosclerosis general				INTERVAL BETWEEN ONSET AND DEATH 18 days 6 yrs. 6 yrs.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 260x		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) 5-18-56	
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 May 1, 1956 to May 18, 1956 , that I last saw the deceased alive on May 18, 1956 , and that death occurred at 8:45 P.M. from the causes and on the date stated above.							
23a. SIGNATURE Paul Kingsley Webb (Degree or title) M.D.				23b. ADDRESS 721 Olive St. St. Louis Mo.		23c. DATE SIGNED 5-19-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 5-19-56		24c. NAME OF CEMETERY OR CREMATORY Richland, Mo.		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. MAY 21 1956		REGISTRAR'S SIGNATURE J. C. Smith		25. FUNERAL DIRECTOR'S SIGNATURE Hedges, Richland, Mo.		ADDRESS _____	

(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.....
Signature of Student Embalmer

Signed *Ben E Hoffmann*

Licensed Embalmer No. *430*

P. O. Address *W. Bee*

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