

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42968

STATE FILE NUMBER 10546

FILED DEC 18 1956

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>ILLINOIS</b> b. COUNTY <b>MADISON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <b>St. Louis</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>MADISON</b> \$120 8 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <b>720 Jefferson</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Cary</b> Middle <b>NMN</b> Last <b>Edwards</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>18,</b> Year <b>1956</b>
5. SEX <b>Male</b> 2	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 25, 1907</b>
9. AGE (In years last birthday) <b>48</b>		IF UNDER 1 YEAR Months <b>48</b>	IF UNDER 24 HRS. Hours <b>48</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Steel Co.</b>	11. BIRTHPLACE (City and state or country) <b>Meridian, Mississippi</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>DANIEL EDWARD S</b>	
14. MOTHER'S MAIDEN NAME <b>PEARL PATTERSON</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT <b>Mamie L. Edwards</b> Address <b>720 Jefferson Madison, Illinois</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Uremic Coma</b> DUE TO (b) <b>Malignant hypertension</b> DUE TO (c) _____ Conditions, many which are above cause of stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b>  <b>2 months</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour <b>6:00</b> a. m. Month <b>Nov.</b> Day <b>17,</b> Year <b>1956</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <b>Nov. 17, 1956</b> to <b>Nov. 18, 1956</b> and last saw him <b>last</b> alive on <b>Nov. 18, 1956</b> Death occurred at <b>6:00</b> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Willis C. Magee M. D.</b>		22b. ADDRESS <b>BARNES HOSPITAL</b>	22c. DATE SIGNED <b>11/18/56</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Nov. 19, 1956</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Booker Washington</b>	23d. LOCATION (City, town, or county) (State) <b>Centreville Township, Ill.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Marion's Office 2114 Missouri Ave. East St. Louis, Ill.</b>		25. DATE RECD. BY LOCAL REG. <b>NOV. 19 1956</b>	26. REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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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 e  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Ben H. Baldwin*

Licensed Embalmer No. *25*

P. O. Address *7217-20*

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.