

THE DIVISION OF HEALTH OF MISSOURI  
FILED FEB 25 1957 STANDARD CERTIFICATE OF DEATH

6147

State File No. \_\_\_\_\_  
Registrar's No. **788**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>ST. LOUIS</b> ) c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>ST. LOUIS</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>38 D.O.A. HOMER PHILLIPS HOSPITAL</b>		STREET ADDRESS (If rural, give location) <b>1382 N. UNION</b>	
3. NAME OF DECEASED (Type or Print) <b>ARZOLA EDWARDS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 22 1957</b>	
5. SEX <b>3 FEMALE</b>	6. COLOR OR RACE <b>COLORED</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAY 31 - 1906</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CLERK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GROCERY</b>	9. AGE (In years) (Month) (Days) <b>50 7 21</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>LONOKE, ARKANSAS</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>WM. BURNETT</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	
14. NAME OF HUSBAND OR WIFE <b>GEORGE EDWARDS</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <b>495-32-5371</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MARGARET CHANT 2719 DICKSON</b>	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebellar Apoplexy</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>334x</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>7:56 P.</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Type or Print) <b>James M. Kelly</b>		23b. ADDRESS <b>1300 Clark</b>	
23c. DATE SIGNED <b>1-24-57</b>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <b>1-29-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>WASHINGTON PARK</b>	
24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MO.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W.D. PETTIS FUNERAL HOME 418 WASHINGTON</b>	
DATE REC'D BY LOCAL REG. <b>JAN 25 '57</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>	

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 *Esther K. Harris*.....

Licensed Embalmer No. *42158*.....

P. O. Address *4181 Wash*.....

**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.