

FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6149**  
Registrar's No. **920**

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

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

<b>1. PLACE OF DEATH</b> a. COUNTY  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo</b>  c. LENGTH OF STAY (in this place)  d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>38 D.O.A. Hospital #1</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY  c. CITY OR TOWN <b>St. Louis</b>  d. Is Residence within limits of a city or incorporating town? Yes <input type="checkbox"/> No <input type="checkbox"/>  e. STREET ADDRESS (If rural, give location) <b>1259 1635 O'Fallon Street</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Otis</b> b. (Middle) c. (Last) <b>Edwards</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>1 26 1957</b>	
<b>5. SEX</b> <b>Male</b> <b>6. COLOR OR RACE</b> <b>Negro</b> <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Single</b>		<b>8. DATE OF BIRTH</b> <b>June 15, 1900</b> <b>9. AGE</b> (In years last birthday) <b>56</b> IF UNDER 1 YEAR Months Days IF UNDER 6 HRS. Hours Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Bag Factory</b>	
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Troy, Missouri</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	
<b>13a. FATHER'S NAME</b> <b>Luland Edwards</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mollie Shelton</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>Single</b>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>327-07-7718</b>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Lucille Parker</b>		<b>ADDRESS</b> <b>4175 a. Ashland Ave</b>	
<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, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</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) _____	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>420.1</b>	
<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
<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>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>			
<b>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 _____, _____, _____, from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <b>James M. Kelly</b>		<b>23b. ADDRESS</b> <b>1300 Clark</b>	
<b>23c. DATE SIGNED</b> <b>1-29-57</b>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>		<b>24b. DATE</b> <b>1/31/57</b>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Washington Park Cemetery</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis County, Missouri</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>JAN 29 '57</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Paul Smith</b>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>C.W. Roberts</b>		<b>ADDRESS</b> <b>Und. Co 1416 N. Taylor Ave.</b>	

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 *James A. Carter*

Licensed Embalmer No. *468*

P. O. Address *J. Jones*

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.