

Health, Welfare & Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-034175

STATE FILE NUMBER

FILED SEP 22 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No. 8591

300  
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside Corporate Limits, give TOWNSHIP only) OR TOWN <i>St Louis</i>		c. CITY OR TOWN <i>St Louis</i>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
38 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>3800a city Hosp</i>		d. STREET ADDRESS (If outside give location) <i>21910 4229 Delmar</i>	
Length of stay in lb		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Henry</i> Middle <i>Edward</i> Last <i>Edwards</i>		4. DATE OF DEATH Month <i>Sept</i> Day <i>4</i> Year <i>1958</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>7 June 1923</i>
9. AGE (In years at last birthday) <i>35</i>		UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Janitor</i>	11. BIRTHPLACE (City and state or country) <i>Arrow Rock Mo.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		13a. FATHER'S NAME <i>James Edwards</i>	
13b. MOTHER'S MAIDEN NAME <i>Francis Parker</i>		14. NAME OF HUSBAND OR WIFE <i>Charletta Edwards</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, unknown) (If Yes, give dates of service) <i>No World War II</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Charletta Edwards</i>		Address <i>4553 Desmar</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Penetrating stab wound of the heart with massive intrathoracic hemorrhage.</i> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Suffered when stabbed with</i>			INTERVAL BETWEEN ONSET AND DEATH <i>Eq 2+</i>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	
20b. TIME OF INJURY Hour <i>9:45</i> Month, Day, Year <i>September 4, 1958</i>		20c. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Delmar Blvd., about 130 ft. S.</i>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN OR LOCATION <i>St Louis Mo</i>	
20e. COUNTY		20g. STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <i>220 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Agnes Johnson</i>		22b. ADDRESS <i>1300 Clark</i>	
22c. DATE SIGNED <i>9/5/58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>3 Sept 1958</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>		23d. LOCATION (City, town, or county) <i>Arrow Rock Co. Mo.</i>	
24. FUNERAL DIRECTOR <i>Reliable Funeral Sys. 1389 N. Union</i>		25. DATE RECD. BY LOCAL REG. <i>SEP 5 '58</i>	
26. REGISTRAR'S SIGNATURE <i>Carl Smith Mo</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Arthur L. Hilliard* .....

Licensed Embalmer No. *4221* .....

P. O. Address *3100 Eastern* .....

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.