THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-041504

STATE FILE NUMBER 11532

FILED DEC 9 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY

b. CITY OR TOWN St Louis — Inside Limits Yes ☑ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION 01 4573 Page — Length of stay in 1b 4/29

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY

c. CITY OR TOWN St Louis — Inside Limits Yes ☑ No ☐

d. STREET ADDRESS (If outside, give location) 4573 Page — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Sadie Middle: Last: Edwards

4. DATE OF DEATH Month 11 Day 28 Year 58

5. SEX F 3

6. COLOR OR RACE colored

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ 2 DIVORCED ☐

8. DATE OF BIRTH May 6 1902

9. AGE (In years last birthday) 56 — IF UNDER 1 YEAR Months 6 Days 20 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) St Louis 0

12. CITIZEN OF WHAT COUNTRY? MISSOUR

13a. FATHER'S NAME John Edwards

13b. MOTHER'S MAIDEN NAME Fannie ?

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT Lottie Smith — Address 4573 Page

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Hypertensive Cardiovs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 443X

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 ☑ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 6-15-54, to 11-58 and last saw her him alive on 11-27-58

Death occurred at 12:30 A.M on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. W. Wilkerson MD

22b. ADDRESS 4141 Page

22c. DATE SIGNED 11-30-58

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

23b. DATE 12-4-58

23c. NAME OF CEMETERY OR CREMATORY Greenwood

23d. LOCATION (City, town, or county) 6500 St Louis (State) MO

24. FUNERAL DIRECTOR A.F. WALTON ADDRESS 2707 Stoddard

25. DATE RECD. BY LOCAL REG. DEC 1 - '58

26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. E.P.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.