

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042632
STATE FILE NUMBER
Registrar's No. 2904

FILED NOV 18 1958 Registration District No. 317 Primary Registration District No. 544

300
1-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kirkwood 22, 4703
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp.		Length of stay in lb 12 days	d. STREET ADDRESS (If outside, give location) 131 E. Monroe
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last OPAL EDWARDS			4. DATE OF DEATH Month Day Year Nov. 8, 1958		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 15, 1888	9. AGE (In years last birthday) 70	FUNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Patoka, Indiana	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Jos. Tibbitt	13b. MOTHER'S MAIDEN NAME Fannie Suelsing	14. NAME OF HUSBAND OR WIFE Wm. Earl Edwards
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No none	16. SOCIAL SECURITY NO. 493-07-4738	17. INFORMANT Mrs. Pauline Guyer-417 Rose Lane-Mb	Address Kirkwood 22.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary Thrombosis	
	DUE TO (c) 4201	
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 type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from Oct 27, 1958 to Nov 7, 1958 and last saw her/him alive on Nov 7, 1958 Death occurred at 12:14 A.M. - m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles E. Hoganamp, M.D.	22b. ADDRESS 333 S. Kirkwood Rd, Kirkwood 22, Mo.	22c. DATE SIGNED Nov 8, 1958
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/10/1958	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem.	23d. LOCATION (City, town, or county) (State) Kirkwood 22, Missouri
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24. FUNERAL DIRECTOR Pfitzinger Mort-Kirkwood 22, Mo.	25. DATE RECD. BY LOCAL REG. 11-10-58	26. REGISTRAR'S SIGNATURE Herbert B. Dombek
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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *Ben C. Hoffman*
Licensed Embalmer No. *4366*
P. O. Address *Geny, N.C.*

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.