

# R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033144

FILED SEP 7 1960

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 2343 STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirkwood</u> Length of stay in lb <u>1 year</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> c. CITY OR TOWN <u>Kirkwood</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>751 N. Woodlawn Ave.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ozark Nursing Home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		4. DATE OF DEATH Month <u>Aug.</u> Day <u>3,</u> Year <u>1960</u>	

<b>3. NAME OF DECEASED</b> (Type or print) First <u>ANNA</u> Middle <u>EDWARDS</u> Last <u>EDWARDS</u>			<b>4. DATE OF DEATH</b> Month <u>Aug.</u> Day <u>3,</u> Year <u>1960</u>				
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>11/2/1862</u>	<b>9. AGE (last birthday)</b> <u>97</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Never worked</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>None</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Nashville, Ill.</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>	
<b>13a. FATHER'S NAME</b> <u>Wm. Merker</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Wm. J. Edwards, Dec'd.</u>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT</b> <u>Mrs. Vesta Carrick, 443 Seekamp, Kirkwood, Mo.</u>		

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)	<u>Arteriosclerosis heart disease</u>	Interval between onset and death <u>4 yrs!</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	<u>Generalized arteriosclerosis</u>
	DUE TO (c)	<u>unknown</u>

**PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH** but not related to the terminal disease condition given in PART I (a)

None.

**PART III. If deceased was female was there a pregnancy in last 90 days.**

Yes  No  Unknown

<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____			

<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE
--	---	--

**21. I attended the deceased from** 1 Aug. 60 to 3 Aug. 60 and last saw her alive on 3 Aug. 60  
 Death occurred at 9:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> (Degree or title) <u>J. H. Bennett, M.D.</u>	<b>22b. ADDRESS</b> <u>1042 1/2 Manchester Rd, Kirkwood, Mo.</u>	<b>22c. DATE SIGNED</b> <u>8/15/60</u> (State)
---	---	---

<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Entombment</u>	<b>23b. DATE</b> <u>8/6/60</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Valhalla Mausoleum</u>	<b>23d. LOCATION</b> (City, town, or county) <u>St. Louis County, Mo.</u>
---	-----------------------------------	--	--

<b>24. GENERAL DIRECTOR</b> ADDRESS <u>Louis H. Boff, Inc. Kirkwood, Mo.</u>	<b>25. DATE RECD. BY LOCAL REG.</b> <u>8-5-60</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>L. S. Murphy, M.D.</u>
---	--	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Francis J. Wylant

Licensed Embalmer No. 4512

P. O. Address Kirkwood,

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.