URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

9 1961 ENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12080 STATE FILE NUMBER -60-047451

1. PLACE OF DEATH
a. COUNTY

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

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS, Length of stay in 1b LIFE

c. CITY OR TOWN ST LOUIS, Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) DEPAUL HOSPITAL Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 3811 MAFFITT AVE Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First JOSEPH Middle M. Last EDWARDS

4. DATE OF DEATH Month DEC, Day 16, Year 1960

5. SEX MALE

6. COLOR OR RACE WHITE

7. Married ☐ Widowed ☐ Never Married ☐ Divorced ☒

8. DATE OF BIRTH 12/1/1894

9. AGE (last birthday) 66

IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) ST LOUIS MISSOURI

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME WILLIAM EDWARDS

13b. MOTHER'S MAIDEN NAME MARY JANE BRENNAN

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WORLD WAR 1

16. SOCIAL SECURITY NO. —

17. INFORMANT Address ROBERT EDWARDS 3419 NEBRASKA

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Peritonitis — INTERVAL BETWEEN ONSET AND DEATH 11/30/60

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

DUE TO (b) Acute appendicitis — 10 Day

DUE TO (c) c abscess formation — 10 Day

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 550.1

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 11/30/60 to DEC 16-60 and last saw ~~her~~ him alive on DEC 15-60

Death occurred at DEC 16-60 4:50 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Francis J. Mellor MD

22b. ADDRESS 4114 W Florissant

22c. DATE SIGNED 12/16/60

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

23b. DATE 12/19/60

23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY

23d. LOCATION (City, town, or county) (State) ST LOUIS MISSOURI

24. FUNERAL DIRECTOR ADDRESS STROOT - CARROLL 4600 NAT'L BRIDGE

25. DATE RECD. BY LOCAL REG. DEC 16 1960

26. REGISTRAR'S SIGNATURE Carl Smith. M.D.

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

Miller
W Florissa

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 M W Rueter

Licensed Embalmer No. 4865

P. O. Address St Louis M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.