

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

25742

1. PLACE OF DEATH

County St. Louis.
Township Carondalet
City Jefferson Barracks, Mo.

Registration District No. 1123
Primary Registration District No. 8248 B
Station Hospital

File No. _____
Registered No. 280
St. _____ Ward)

2. FULL NAME GRACE ELIZABETH EDWARDS.

Resident.

(a) Residence. No. _____ St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 11 mos. _____ ds. _____ How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Bowman Deleware Edwards.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
abt. 32 - - -

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer). _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Minok, Ill.
(STATE OR COUNTRY)

10. NAME OF FATHER Amaza R. Joyce.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Bowman D. Edwards, Sgt., Co. G,
(Address) 6th Inf., Jefferson Barracks, Mo.

15. FILED July 3, 1929 L. C. Obrock
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 2, 1929 19

17. I HEREBY CERTIFY, That I attended deceased from June 19, 1929 19, to July 2, 1929 19, that I last saw him alive on July 2, 1929 19, and that death occurred, on the date stated above, at 10:25 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac dilatation, acute, following gas-oxygen anesthesia.

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED Station Hospital, Jefferson Barracks, Missouri.

IF NOT AT PLACE OF DEATH. _____
DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 2, 1929.

WAS THERE AN AUTOPSY? No

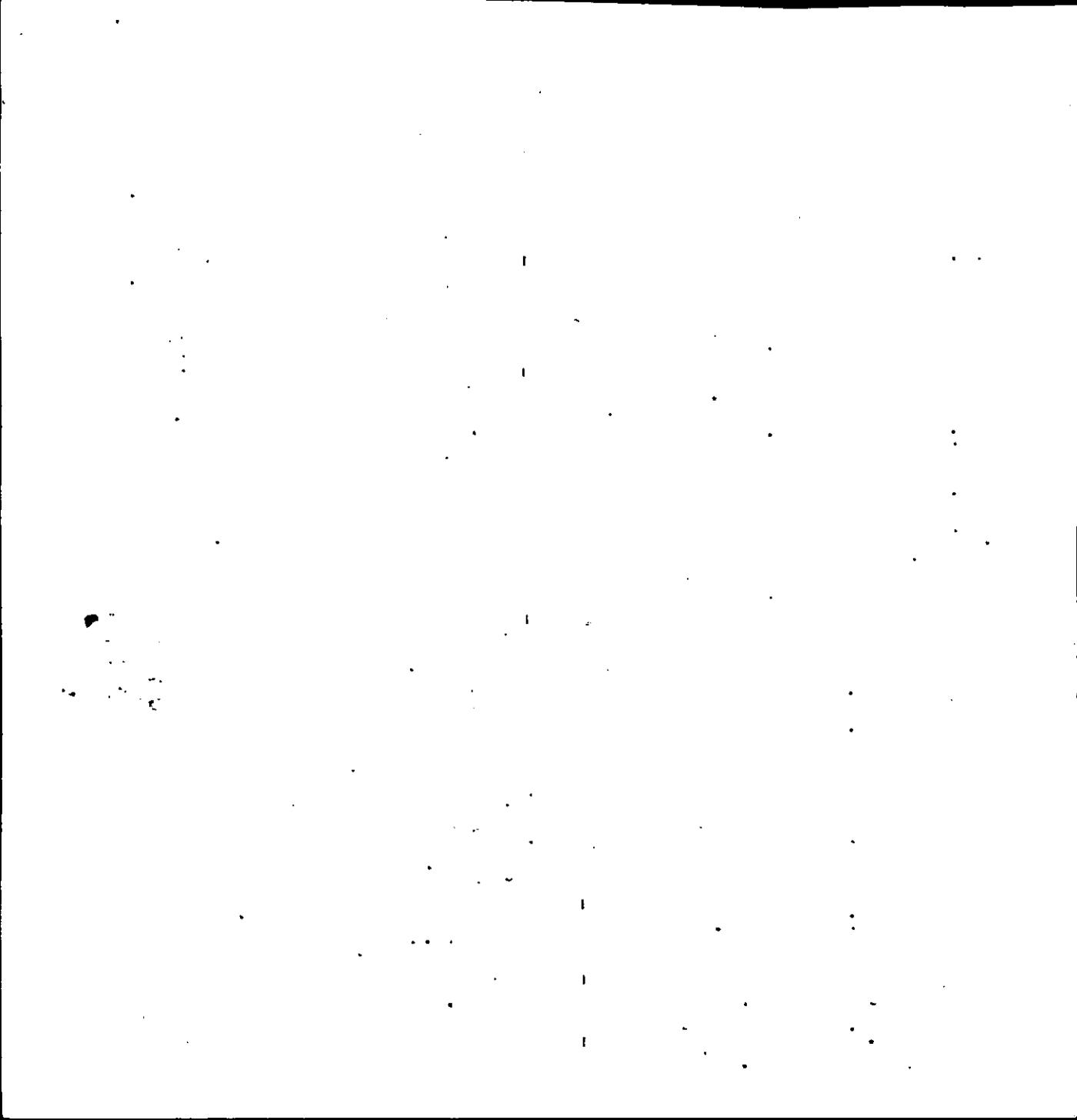
WHAT TEST CONFIRMED DIAGNOSIS 41

(Signed) F. W. Romaine M. D.
F. W. Romaine, Capt., MC, USA.
19 _____ (Address) Jefferson Barracks, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL National Cem DATE OF BURIAL 7/5 1929

20. UNDERTAKER Chapman & Co ADDRESS 7814 S. Bldg



Name: Grace Elizabeth Edwards
Died at: St. Louis, Mo. on July 2, 1929,

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Cause of death: Cardiac Dilatation
acute, following gas-oxygen-anaesthesia.

Contributory: Operative work for
Lacerated Pinnaculum

Where was disease contracted? _____

Did operation precede death? yes Date of _____

Was there an autopsy? _____ What test confirmed diagnosis? _____

