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

Do not use this space.

3369

File No. .....

Registered No. 268

1. PLACE OF DEATH

County ..... Registration District No. 1821

Township ..... Primary Registration District No. 1821

City St Louis (No. 2709 Tennessee Av ..... St. ..... Ward)

2. FULL NAME Olga Edwards

(a) Residence, No. ..... St., 17 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

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 HUSBAND OF (OR) WIFE OF: William H. Edwards

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 9th 1880

7. AGE: Years 52 Months 5 Days 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

FATHER

13. NAME: Geo A Baumholdt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Sophia Saga

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Wm H. Edwards 2709 Tennessee

18. BURIAL, CREMATION, OR REMOVAL: Mount St Peter — Date Jan 10 1933

19. UNDERTAKER (ADDRESS): Arthur J Donnelly Undertaker 2439 Wash St

20. FILED JAN -9 1933 Wm C Harlen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-7, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-2, 1933, to 1-7, 1933

I last saw him alive on 1-7, 1933. Death is said to have occurred on the date stated above, at 11 25 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia Lobar Bilateral — Date of onset 1-2-33

108 108

Other contributory causes of importance: none

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ..... No

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W A Burnsides, M. D.

(Address) 4755 Morgan Ford

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

Dr W. H. Burroughs

4755 S Morgan Ford Rd

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