

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

Do not use this space.

34682

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City *St. Louis, Mo.*

(No. *3026 Delmar Blvd.*)

File No.....

Registered No.....

8844

St..... Ward.....

2. FULL NAME

Mrs. Mary Edwards

(a) Residence, No. *3026 Delmar Blvd. St. 21* Ward.....
(Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>Negro</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widow</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Unknown</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Unknown</i>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<i>about 96 yrs.</i>	<i>-</i>	<i>-</i>	<i>-</i>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>-</i>			
	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) <i>Caledonia Mo. Missouri</i>				
FATHER	13. NAME <i>Unknown</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>" Unknown</i>			
	15. MAIDEN NAME <i>Unknown</i>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo.</i>			
	17. INFORMANT <i>Carrie Edwards</i> (ADDRESS) <i>3026 Delmar Blvd.</i>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Father Dixon</i> DATE <i>Oct 13</i> 19 <i>33</i>				
19. UNDERTAKER <i>American Funeral Home</i> (ADDRESS) <i>3121 Delmar Blvd.</i>				
20. FILED <i>601 13 1933</i> <i>J. Bredeck</i> Registrar.				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. - 6th - 19 33*

22. I HEREBY CERTIFY, That I attended deceased from *Oct. - 6th - 19 33* to....., 19.....

I last saw her alive on *Oct. - 6th - 19 33* Death is said

to have occurred on the date stated above, at *2:45 P.m.*

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

*Double Lobar
Pneumonia
108
190*

Date of onset
Oct. - 5 - 33

Other contributory causes of importance
Exposure to cold

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

What test confirmed diagnosis? *None* 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.....
Nature of injury.....

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

If so, specify.....

(Signed) *O. W. Johnson*, M. D.

(Address) *4089a Hurry*

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.

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