

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County Jackson
Township How
City St. Louis

Registration District No. 300
Primary Registration District No. 1708
(No. General Hosp #2)

File No. 15-17-8
Registered No. (31) 118
St. 619 Ward

2. FULL NAME

(a) Residence, No. 1120 Belvidere 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 male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED: HUSBAND OF (OR) WIFE OF J. Edwards

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60

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

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) Missouri

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Recd Check Ben #2 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Belvidere DATE 9/13/34

19. UNDERTAKER (ADDRESS) J.B. Moore 1820 E. 18th

20. FILED 3/9 1934 M. M. Crowe Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/1/34, 1934

22. I HEREBY CERTIFY That I attended deceased from St. Louis to St. Louis, 1934

I last saw him alive on 2/27/34 Death is said to have occurred on the date stated above at St. Louis

The principal cause of death and related causes of importance were as follows:
Infectious pyomyositis of right thigh Date of onset

Sepsis

Other contributory causes of importance:
1945

Name of operation no Date of no

What test confirmed diagnosis Autopsy Was there an autopsy yes

23. If death was due to external causes (poison, fall, etc.), fill in also the following: Accident, suicide, or homicide no Date of injury unknown

Where did injury occur? no (Specify city or town, county, and State)

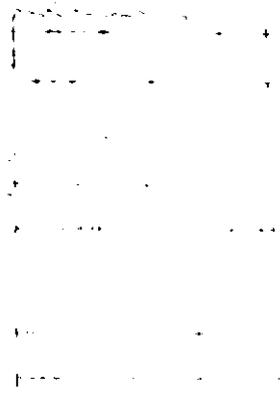
Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury External violence Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R. H. [Signature], M. D. (Address) [Address]

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.



Main body of the document containing several columns of text, likely a list or a series of entries. The text is very faint and difficult to read.

Small handwritten mark or signature at the bottom left corner.

Unable to get any further
information on this
case as was stated
before all. Unknown

5-15-17-32
ZC-7151-5
(1934)

Please state how ac-
cident happened. Was
it an automobile
accident or not of ab-
solutely no value
any more except

1517 ⁶

619

Carroll City

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Gus Edwards
Who died at Gen Hosp # 2 on Jan 31 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: _____ Years _____ Months _____ Days
Sex m Color or race B Single, married, widowed or divorced: _____

Date of birth _____ Age: Years _____ Months _____ Days

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) St. Louis & Cuba
Birthplace of father (State or country) Septemia
Birthplace of mother (State or country) _____
Principal cause of death: _____

Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? acc Date of injury _____, 19____
Where did injury occur? unknown
(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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician C. G. Denton
Address of physician Dep Courier
Signature of Registrar M. M. Brown Date filed 2/9/34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours, E. T. McLaughlin
State-Registrar

Reg. Dist. No. 399
Primary Reg. Dist. No. 1002

Special Agent.

