

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

Do not use this space.

FEB 8 1 1935

3166
458

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City ST. LOUIS MO, 500 S. Kings Highway Childs Chh. d. Sec. S. Hosp. (Ward)

2. FULL NAME Beatrice Edwards

(a) Residence, No. 5135 Ewing - Rear St., 21 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 F 4. COLOR OR RACE COL 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-8-28

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 3 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) ST. LOUIS, MO
(STATE OR COUNTRY)

13. NAME John

14. BIRTHPLACE (CITY OR TOWN) ST LOUIS, MO
(STATE OR COUNTRY)

15. MAIDEN NAME Minnie Lee

16. BIRTHPLACE (CITY OR TOWN) Nashville Tenn
(STATE OR COUNTRY)

17. INFORMANT J. McElvin
(ADDRESS) 500 S. Kings Highway

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Johnson DATE Jan 15 1935

19. UNDERTAKER A. Green
(ADDRESS) 1415 Franklin Ave.

20. FILED 12 13 1935 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-9-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-8-35, 19, to 1-9-35, 19.

I last saw h. S. R. alive on 1-9-35, 19. Death is said

to have occurred on the date stated above, at 4th P. M.

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

Hemorrhage, post-traumatic Date of onset 1-7-35

11501

Other contributory causes of importance:

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

What test confirmed diagnosis?..... Was there an autopsy? yes

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) W. E. Keiter, M. D.

(Address) 500 So. Kings Highway

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.

WHITE CERTIFICATE WITH OBTAINING INFORMATION IS A PERMANENT RECORD

