

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

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.

NOV 4 1936

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

Do not use this space.

1. PLACE OF DEATH **ST. MARY'S INFIRMARY** 791
 County..... Registration District No.....
 Township..... Primary Registration District No. **1008**
 City **St. Louis** (No. **1536 St. Mary's Infirmary**)
 Registered No. **10788** (Ward)
 2. FULL NAME **Azalee Edwards**
 (a) Residence, No. **1337 Gay** St. **25** Ward. (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 Female	4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2, 1899				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	37	4	29	
OCCUPATION	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.			
	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) Arkansas				
FATHER	13. NAME Ben Edwards			
	14. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Ark.			
MOTHER	15. MAIDEN NAME Dianna Carver			
	16. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Ark.			
17. INFORMANT St. Mary's Infirmary Office (ADDRESS) 1536 Papin				
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE 10-3-1936				
19. UNDERTAKER W. Richter (ADDRESS) 2572 Center St				
20. FILED OCT 28 1936 19 J. Bredeck Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 30, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 17, 1936 to Sept. 30, 1936**
 I last saw h or alive on **Sept. 30, 1936** Death is said to have occurred on the date stated above, at **2:15 P.M.**
 The principal cause of death and related causes of importance were as follows:
uterine Fibroid Benign Date of onset
54
 Other contributory causes of importance:
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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) **A. C. Redwood**, M. D.
 (Address) **St. Mary's Infirmary, St. Louis, Mo.**

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