

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.

DEC 4 1936

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

Do not use this space.

38891

1. PLACE OF DEATH

County St. Louis Registration District No. 333  
Township Ferguson Town Primary Registration District No. 4468  
City Ferguson (No. 40 N. Florissant St. \_\_\_\_\_ Ward)

2. FULL NAME

Emanuel Edwards,

(a) Residence, No. 46 S. Monroe St. \_\_\_\_\_ 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 <u>male</u>	4. COLOR OR RACE <u>negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Laura Etta Edwards</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3/11/1869</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>6</u>	DAYS <u>24</u>
		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>
	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 ? Edwards

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Warrenton, Mo.

15. MAIDEN NAME Nellie J Edwards nee Edwards,

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

17. INFORMANT Laura Etta Edwards,  
(ADDRESS) 46 S Monroe

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Washington Cor DATE 10/11th '36

19. UNDERTAKER Russell and Co.  
(ADDRESS) 2732 Pine Blvd.

20. FILED 10/6/36 W. A. Zetter Registrar.  
C. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/5/1936 19

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 10:30AM

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

Boot-heart, aortic dilatation, Date of onset \_\_\_\_\_  
filled with atheroma, atheroma and  
sclerosis of aortic orifice, causing  
aortic regurgitation. Endocarditis,  
myocarditis, with extreme dilatation

Other contributory causes of importance:  
of left ventricle. Chr. interstitial  
nephritis; generalized arteriosclero-  
sis; while working as hod-carrier

Name of operation OVER Date of \_\_\_\_\_  
What test confirmed diagnosis? autopsy 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 \_\_\_\_\_

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 10/1/36  
(Signed) Luke J. Jennings, M. D.

(Address) 3719 Jennings St.

Anna D. Poin

evidently had heart collapse and fell and rolled thru hole from first floor of a -being-constructed-dwelling into the basement, striking the top of his head on the concrete footing alongside of the concrete wall, causing fracture of cervical vertebra and dislocation between 6 and 7 cervical vertebrae; causing cord pressure and injury. Remote cause, evidently cardiac collapse. Immediate cause, injuries as described. This happened at Randolph and Shirley, taken to Dr. Johnson's office, where he was pronounced dead. Verdict of Jury; By natural causes.

DEC 19 1950