

NOV 4 1936

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

Do not use this space.

39731
30113

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City ST. LOUIS MO (No. 2729 S 10th St.)

791
1008
ST.

File No.....

Registered No. 10776

St. Ward)

2. FULL NAME AGNES EDWARDS

(a) Residence, No. 2729 S. 10th St., Ward. 23

(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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLY, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 28 1872

7. AGE YEARS 54 MONTHS 6 DAYS 29 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

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, MISSOURI
(STATE OR COUNTRY)

13. NAME MICHEL EDWARDS.

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

15. MAIDEN NAME ELIZABETH UK,

16. BIRTHPLACE (CITY OR TOWN) IRELAND,
(STATE OR COUNTRY)

17. INFORMANT ALBERTA EDWARDS
(ADDRESS) 2729 S 10th St

18. BURIAL, CREMATION, OR REMOVAL PLACE NEW ST. MARCUS DATE OCT 30 1936

19. UNDERTAKER E. J. Schurz
(ADDRESS) 312 1/2 Lafayette Ave

20. FILED OCT 28 1936 J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27 1936

22. I HEREBY CERTIFY, That I attended deceased from am 1936, to pm 27, 1936

I last saw her alive on pm 24, 1936 Death is said

to have occurred on the date stated above, at 3 a m.

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

Ch Myocarditis
Ch Nephritis

Other contributory causes of importance:

Date of onset

Name of operation none Date of.....

What test confirmed diagnosis Phys. exp Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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? no

If so, specify.....

(Signed) E. J. Schurz, M. D.

(Address) 2702 Lafayette Ave

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.

