

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. WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAR 25 1936

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 1170 File No. 4784K
 Township Central Primary Registration District No. 6248H. Registered No. 41
 City Richmond Hights, Mo. No. St. Marys Hosp. St. _____ Ward)

2. FULL NAME Infant Edwards

(a) Residence, No. 5937 Minerva Ave., 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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

FATHER 13. NAME John Edwards

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

MOTHER 15. MAIDEN NAME Audrey DeLargy

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

17. INFORMANT John Edwards
 (ADDRESS) 5937 Minerva Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary cem. DATE Feb. 10/36

19. UNDERTAKER Jos. W. Clark
 (ADDRESS) 1125 Hodiamont Ave.

20. FILED 2/10 36 Gertrude Porter
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9/36, 19

22. I HEREBY CERTIFY, That I attended deceased from at birth, 19____, to Feb. 9/36, 19____
 I last saw him alive on Feb. 9/36, 19____. Death is said to have occurred on the date stated above, at 7:45 PM.
 The principal cause of death and related causes of importance were as follows:

Stillborn
 Other contributory causes of importance:
Placental Separation

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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 Non
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) James W. Kelly, M. D.
 (Address) 6128 Bartmer ave.

Dr. P.J.Rilley,
6121a Bartmer Ave.,
10.00 AM.