

16
MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No. En Route City Hospital)

Registration District No. 791
Primary Registration District No. 1003

File No. 8006
Registered No. 1431
St. Ward)

2. FULL NAME EARNEST EDWARDS

(a) Residence, No. 2601 1/2 Cheateau St. 22 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. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE NEGRO 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 21, 1898

7. AGE YEARS 42 MONTHS 0 DAYS 6 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P. W. A

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) MISSISSIPPI

13. NAME WILLIAM EDWARDS?

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

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT (ADDRESS) WILLIE EDWARDS
2601 1/2 Cheateau

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 2/1/1937

19. UNDERTAKER (ADDRESS) ATKINS, BROS. UND. CO.
3644 Fenwick Ave.

20. FILED FEB 1 - 1937 J. A. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from No physician to

I last saw him alive on, 19..... Death is said

to have occurred on the date stated above, at 8:35 P.m.

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

Internal Haemorrhage into small intestines due to thrombosis of Mesenteric Artery

Other contributory causes of importance: 99

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? No

If so, specify.....

(Signed) Joseph M. Dwyer, M.D.

(Address) Deputy Coroner

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.

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