

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City, St. Louis(No. City Hospital NO.1)

File No.....

Registered No.....

St. Ward)

B. 14452

2. FULL NAME

Phil Edwards(a) Residence, No.
(Usual place of abode)2318 AlbionSt., 23 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

male

4. COLOR OR RACE

white5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)DIVORCED5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFSALLIE EDWARDS

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

Aug 19, 1871

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.65698. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.nil9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Missouri

13. NAME

William M. Edwards14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Missouri

15. MAIDEN NAME

Philadelphia Horton16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Tennessee

17. INFORMANT

Hosp. Info. M.H. Kent

(ADDRESS)

City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Louis River DATE Feb. 2, 1937

19. UNDERTAKER

(ADDRESS)

Albert W. Hogan
429 N. Euclid Ave
St. Louis

20. FILED

MAR 1 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/28/37, 1922. 1/5/37 I HEREBY CERTIFY, That I attended deceased from19..... to 2/28/37, 19.....I last saw him alive on 2/28/37, 19..... Death is saidto have occurred on the date stated above, at 12.40 p

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

Carcinoma of bladder
Diabetes Mellitus
Chronic nephritis of capillary type
Arteriosclerosis heart disease?

Date of onset 1936
Jan 1937

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Urinal 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) Thos W. Logan, M. D.(Address) City Hospital No.1

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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