

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.

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

DEC 13 1937

40038
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1008**
 (c) City **St Louis** (d) Street No. **11 so 23 rd** St.
 (e) Length of residence in city or town where death occurred **66** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Francis Edmond

(a) Residence, No. **11 so 23** St. **22**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE Col	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Will Edmond		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk:		
7. AGE YEARS about 66	MONTHS	DAYS
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil		
9. Industry or business in which work was done, as 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) St Louis Mo		
13. NAME Charles Ditto		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo		
15. MAIDEN NAME Lizzie Hall		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo		
17. INFORMANT (ADDRESS) Lizzie Farmer 11 so 23		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov 27 1937**
 22. I HEREBY CERTIFY, That I attended deceased from **Nov 23 1937** to **Nov 23 1937**
 I last saw him alive on **Nov 26 1937** 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:

Bronchopneumonia
Chronic Hypertension
 Other contributory causes of importance:
 Name of operation..... Date of.....
 What test confirmed diagnosis? **Ch** 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? **no**
 If so, specify.....
 (Signed) **M. S. Mueller**, M. D.
 (Address) **2325 1st north**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **St Peters** DATE **Nov 30 1937**
 19. FUNERAL DIRECTOR **J.W. Hughes**
 (ADDRESS) **2620 Lawton**
 20. FILED **NOV 30 1937** **J. Bredeck**
 Local Registrar.

STATEMENT BY LICENSED EMBALMER

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I, J.W. Hughes, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Lyda Hughes

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Lyda Hughes
Licensed Embalmer No. 2938

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)