

REC'D APR 11 1938

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. **791**

Township.....

Primary Registration District No. **1003**City **St. Louis,** (No. **640 Athlone, Ave.,**)File No. **9160**Registered No. **2749**

St. _____ Ward _____

2. FULL NAME: **Anna Edwards,** **363**(a) Residence, No. **640 Athlone, Ave.,** St. _____ Ward. **9**
(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

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

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

Oats Edwards, deceased, **March 5, 1938,** to **March 19, 1938,**

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

March 7th, 1875

7. AGE

YEARS

63,

MONTHS

xx

DAYS

13

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Domestic,

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)

Nashville, Tenn.

FATHER

13. NAME

Thomas Horn,

MOTHER

15. MAIDEN NAME

Anna Rivers,

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

Tenn.

17. INFORMANT (ADDRESS)

Otis Edwards, 640 Athlone, Ave.,

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Washington, Park,** **Mar 23, 1938**

19. UNDERTAKER (ADDRESS)

Lee J. Sneed & Co, 2812 Thomas, St

20. FILED

MAR 22 1938**J. P. Budeck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 20, 1938**22. I HEREBY CERTIFY, That I attended deceased from **March 5, 1938,** to **March 19, 1938,**I last saw her alive on **March 19, 1938,** Death is saidto have occurred on the date stated above, at **8:15:00 P.M.**

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

Myocardial degenerative heart Date of onsetOther contributory causes of importance: **92**

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 _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify **Wm T. Steger**, M. D.(Signed) _____ (Address) **819 Anglica**

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.

STATEMENT BY LICENSED EMBALMER.

I, R.C.Houston, Jr, Licensed Embalmer, NO.2266.

**hereby certify that the body on the reverse side of this
certificate was embalmed by myself.**

Signed _____

Licensed embalmer NO.2266.