REC'D AUG 12 1938

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

23537
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 6231

(c) City St. Louis (d) Street No. 646 Tower Grove Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elmer Scott Edwards 31 2

(a) Residence, No. 646 Tower Grove Ave. St. 18
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 26, 1882

7. AGE: YEARS 56 | MONTHS 5 | DAYS 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Technician
9. Industry or business in which work was done, as saw mill, bank, etc.: Washington University
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): Mexico Mo.

FATHER
13. NAME: Winfield Scott Edwards
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Edmona Roberts
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Cora Edwards, 646 Tower Grove Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lakewood Park DATE: 7-13, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Kriegshauser Mortuaries, 4228 So. Kingshighway

20. FILED JUL 12 1938 J. F. Bredeck, Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr, 1933, to July 10, 1938
I last saw him alive on July 10, 1938. Death is said to have occurred on the date stated above, at 6:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary edema	7-10-38
No Pneumonia	
Non tubercular	

Other contributory causes of importance:
Chronic myocarditis
Hypertension

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical 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) R. L. Ehrlich, M. D.
(Address) 3606 Gravois St Louis Mo.

(Licensed Embalmer's Statement on Reverse Side)

N.B. Every item of information [illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Ralph Ehrlich
3606 Gravois. Refere 11 A.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed. Reinhold K. Lohman

Licensed Embalmer No. 3395

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.