

NOV 16 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

33659
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **1003**
(b) Township Primary Registration District No.
(c) City **St. Louis,** (d) Street No. **5826 Wabada Ave.,** St. **6**
(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.

Registered No. **8645**

2. PRINT FULL NAME **Hettie Edwards,**

(a) Residence, No. **5826 Wabada Ave.,** St. **6** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 1/38,** 19**38**

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

22. I HEREBY CERTIFY, That I attended deceased from **Dec 1,** 193**0,** to **Oct 1,** 193**8**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 8, 1862.**

I last saw her alive on **Oct 1,** 193**8.** Death is said to have occurred on the date stated above, at **12.45 P.M.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 10 23

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

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

Cerebral Hemorrhage Date of onset **Oct 1/38**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

Other contributory causes of importance:

13. NAME **John Mitchell**

Myocardites chronic 193**0**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

15. MAIDEN NAME **? Brown**

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

17. INFORMANT **Juddie Edwards** (ADDRESS) **5826 Wabada Ave.,**

18. BURIAL, CREMATION, OR REMOVAL **EDGEWOOD, MO.** DATE **Oct. 4/38.**

19. FUNERAL DIRECTOR **Jos. W. Clark,** (ADDRESS) **1125 Hodiamont Ave.,**

20. FILED **OCT 3 1938** **J. Bredeck** Local Registrar.

Name of operation **none** Date of
What test confirmed diagnosis? **Phy 3** 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) **J. Horman** M. D.
(Address) **4923 Delmar Ave**
St. Louis

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

Dr. J. C. Homan
4903 Delmar Blvd.,
Ro. 1323
12-2 P.M. Or 7-9 P.M.

STATEMENT BY LICENSED EMBALMER

I, Jos. W. Clark, Licensed Embalmer No. I66I
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
L. E.
No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed

Jos. W. Clark

Licensed Embalmer No. I66I

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.)