

REC'D FEB 10 1939

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

921  
Do not use this space.

1. PLACE OF DEATH

(a) County .....  
(b) Township .....  
(c) City St. Louis, Mo. (d) Street No. 3038 New Ashland Place 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Emily Edwards,  
(a) Residence, No. 3038 New Ashland Place St. 10 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bennett Edwards.  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26th, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 2 2  
8. Trade, profession, or particular kind of work done, as a lawyer, 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER 13. NAME Frederick Kienemann

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Not known

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Mr. Roy Hartmann, 3038 New Ashland Place

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Johns Cem. DATE Jan 14, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Henry Leinenund, 1417 N. Market Street.

20. FILED Jan 30 1939 J. F. Braddock Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28, 1939  
22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1937, to December 18, 1938  
(If saw body again on Dec 1, 1938. Death is said to have occurred on the date stated above at 11:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage  
Other contributory causes of importance: Cerebral Hemorrhage, arteriosclerosis, Dec 37  
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 P. C. Sinclair, M. D.  
(Signed) P. C. Sinclair (Address) 6203 West Bridge  
Signature dependent on coroner's permission

Date of onset 1-28-39

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.

**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

*John P. Buchholz*

Licensed Embalmer No. *1674*

P. O. Address *2223 St. Louis Ave*

**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.)**

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