

SEP 12 1939

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33483  
Registrar's No. 1628

Registration District No. 16

Primary Registration District No. 200

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

1. PLACE OF DEATH:  
(a) County ST LOUIS  
(b) City or town KOCH  
(c) Name of hospital or institution: ROBERT KOCH HOSPITAL  
(d) Length of stay: In hospital or institution 110 days  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County 1  
(c) City or town ST LOUIS  
(d) Street No. 3950 A FAIRFAX  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

8. (a) PRINT FULL NAME JOEL EDMONDS 355  
8. (b) If veteran, name war \_\_\_\_\_  
8. (c) Social Security No. 498-10-7226

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month September day 10  
year 1939 hour 2 minute 00 A.M.

4. Sex MALE 5. Color or race COLORED  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife DECLAR EDMONDS  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 13 1903  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 1  
July 1, 1939, to Sept 10, 1939,  
that I last saw him alive on September 9, 1939;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
36 1 27 hr. min.

Immediate cause of death Chronic Pulmonary tuberculosis Duration 10 mos.  
Due to \_\_\_\_\_  
Due to 23

9. Birthplace SIMMS TEXAS  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy Refused

10. Usual occupation LABORER  
11. Industry or business WPA  
12. Name Edward Edmonds  
13. Birthplace Texas  
14. Maiden name Mary Williams  
15. Birthplace Arkansas

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? (City or town) (County) (State) \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work? (Specify type of place) (e) Means of injury \_\_\_\_\_

16. (a) Informant's own signature Deane J. Edmonds  
(b) Address 4216 E. Page Blvd.  
17. (a) Burial (b) Date thereof 9 13 1939  
(c) Place: burial or cremation Washington Park  
18. (a) Signature of funeral director Alfred Berne  
(b) Address 1003 1/2 Harrison Ave.  
19. (a) SEP 12 1939 (b) J. R. Myers  
(Date received local registrar) (Registrar's signature)

23. Signature Clyde R. Minton M. D. or other \_\_\_\_\_  
Address Koch Hospital Date signed Sept 14 1939

**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.....

William C. McDowell....., Registered Apprentice No.....  
working under my personal supervision.

Signed William C. McDowell.....

Licensed Embalmer No. 2114.....

P. O. Address.....

**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.**