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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

8787

## 1. PLACE OF DEATH:

- (a) County \_\_\_\_\_
- (b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)
- In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME John Edwards 363

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Minnie Edwards 6. (c) Age of husband or wife if alive 50 years7. Birth date of deceased (Month) 2 (Day) 13 (Year) 18868. AGE: Years 53 Months 7 Days 23 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Janitor

## 11. Industry or business \_\_\_\_\_

12. Name Antwain Edwards18. Birthplace Troy, Missouri  
(City, town, or county) (State or foreign country)14. Maiden name Martha Kiefer  
(City, town, or county) (State or foreign country)15. Birthplace Ark.  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Marie Lee(b) Address 100 1/2 So. Channing17. (a) Burial (b) Date thereof Oct 12/39  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Louis Cem.18. (a) Signature of funeral director Microphoton Funeral Home(b) Address 3028 Delmon19. (a) OCT 16 1939 (b) \_\_\_\_\_  
(Date received local registrar) (Signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County 1
- (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")
- (d) Street No. 108 So. Channing  
(If rural, give location)
- (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 6  
year 1939 hour 10 minute 15 P. M.21. I hereby certify that I attended the deceased from 10-6-, 1939, to 10-6-, 1939;  
that I last saw him alive on 10-6-, 1939,  
and that death occurred on the date and hour stated above.

## Immediate cause of death

Initial Insufficiency  
(Insufficiency)

Due to \_\_\_\_\_

Due to 92aOther conditions Branches Asthma  
(Include pregnancy within 3 months of death) (Asthma)

## Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## 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)

23. Signature Dr. Edward Bell (M. D. or other) \_\_\_\_\_Address 2901 Coledy Date signed 10-9-39

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.

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**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.....

*Joel Russell*

Licensed Embalmer No.....

*4112*

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.**