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.

DEC 2 1939

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

Do not use this space.

38326

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1008 Registered No. 10165

City St. Louis, Mo. (No. Mo Baptist Hospital St. ..... Ward)

2. FULL NAME 363 Infant Edwards

(a) Residence, No. 6535 Myron St., N.R. Ward. Pinelawn, Mo
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Unk

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word):

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11/7/39

7. AGE: Stillborn — YEARS / MONTHS / DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, 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: Richard Edwards

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Webster Groves, Mo.

MOTHER

15. MAIDEN NAME: Virginina Rooks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City, Mo.

17. INFORMANT (ADDRESS): Richard Edwards ~~Missouri Baptist Hospital~~ St. Louis, Mo. 6535 Myron

18. BURIAL, CREMATION, OR REMOVAL

PLACE City Cem DATE 11-30 1939

19. UNDERTAKER (ADDRESS): Ira Hamilton City Health Dept

20. FILED NOV 29 1939 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-7-39, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1120 a m.

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

Date of onset

Still born, 6 wks gestation

Other contributory causes of importance:

[illegible]

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 .....

(Signed) Martin F Kouri, M. D.

(Address) Metropolitan Bldg