

S. No. 2
M-9-4-41
v. 5-17-39
WI X29484

34767

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 6 - 1942

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2977

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Koch
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Robert Koch Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 yr 5 mos.
27 yrs. (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
 (c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
 (d) Street No. 1704 Papin
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Edgar, Charles
 3. (b) If veteran, name war _____ 3. (c) Social Security No. 492-09-2565

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 29
 year 1942 hour 7 minute 40 P. M.
 21. I hereby certify that I attended the deceased from 5-27-41
 _____, 19____, to 10-29-42, 19____
 that I last saw him alive on 10-29-42, 19____
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race negro 6. (a) Single, widowed, married, divorced m-sep.
 6. (b) Name of husband or wife Nannie Douglas 6. (c) Age of husband or wife if alive ? years
 7. Birth date of deceased 6-14-06
(Month) (Day) (Year)

Immediate cause of death Pulmonary tuberculosis Duration 4 yrs?
 Due to _____
 Due to Bb1
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy _____

8. AGE: Years 26 Months 4 Days 15 If less than one day _____ hr _____ min
 9. Birthplace Starkville, Miss. laborer
(City, town, or county) (State or foreign country)
 10. Usual occupation _____
 11. Industry or business _____

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Monroe Edgar
 13. Birthplace Starkville, Miss. 1
(City, town, or county) (State or foreign country)
 14. Maiden name Sarah Montgomery
 15. Birthplace Starkville, Miss. 1
(City, town, or county) (State or foreign country)
 16. (a) Informant Sarah Simpson
 (b) Address 2638 Delmar
 17. (a) Burial (b) Date thereof Nov 3, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Greenwood Cem
 18. (a) Signature of funeral director J. A. Green
 (b) Address 2944 Franklin ave
 19. (a) NOV 3 - 1942 (b) J. McDevan
(Date received local registrar) (Registrar's signature)

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 _____
 23. Signature R. B. [Signature] (M.D. or other) _____
 Address Karl [Signature] Date signed _____

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

E. A. Green

Licensed Embalmer No. *2963*

P. O. Address. *2915 Franklin*

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, fact should be so stated above.