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.

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

Do not use th[redacted]

FILED MAR 11 1947

1. PLACE OF DEATH
County ~~St Louis~~ — Registration District No. 318
Township St Louis — Primary Registration District No. 1003
City St Louis (No. Peoples Hospital 0 St. 318 Ward)

File No. 6222
Registered No. 2053

2. FULL NAME Marlin Courtney Edwards
(a) Residence, No. 4005 Evans ave St., ... Ward. 1003
(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: male
4. COLOR OR RACE: negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single 0
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2-5-47
7. AGE: YEARS | MONTHS | DAYS: 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date deceased last worked at this occupation (month and year): none
11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo. 0

FATHER
13. NAME: Robert Edwards
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tuscaloosa Ala. 1

MOTHER
15. MAIDEN NAME: Anna Jolene Reynolds
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Benton Harbor Mich 1

17. INFORMANT (ADDRESS): Robert Edwards 4005 Evans Ave
18. BURIAL, CREMATION, OR REMOVAL: PLACE Anatomical Board DATE 2-14-47 19
19. UNDERTAKER (ADDRESS): W Richter 3000 Rutgers Washington
20. FILED FEB 27 1947 J. F. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-10-, 1947

22. I HEREBY CERTIFY, That I attended deceased from 2-5, 1947, to 2-10, 1947
I last saw him alive on 2-10, 1947. Death is said to have occurred on the date stated above, at 6:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

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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? 0
If so, specify .....
(Signed) J. Owen Blache, M. D.
(Address) 2601 N Whittier

60-9120