

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

Do not use this space.

10639

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

File No. **2647**

Township.....

Primary Registration District No. **1003**

Registered No. **2647**

City **St. Louis** (No. **4434** Forest Park Blvd., St. Ward)

**2. FULL NAME**

(a) Residence. No. **4434 Forest Park Blvd.** Ward. **18**  
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred **25** 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**

**white**

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

**Married**

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

**Mary Edwards**

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

**Feb. 18, 1881**

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
49	0	24	-

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Stationary Engineer**  
(b) General nature of industry, business, or establishment in which employed (or employer) **Schaffner Iron Co.**  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) **Virginia**

**10. NAME OF FATHER**

**George E. Edwards**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) **Iowa**

**12. MAIDEN NAME OF MOTHER**

**Lea Baringer**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) **Iowa**

**14.**

INFORMANT **Mary E. Edwards**  
(Address) **4434 Forest Park Bl.**

**15.**

**MAR 15 1930** **Hub C. Standery**  
FILED REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**2** **16. DATE OF DEATH (MONTH, DAY AND YEAR)** **Mar. 12, 1930**

**17.** I HEREBY CERTIFY, That I attended deceased from **1 - 12, 1930**, to **3 - 11, 1930** that I last saw him alive on **3 - 11, 1930**, and that death occurred, on the date stated above, at **6 P.** m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

**Sepsisemia**  
**Tetanus to great toe - Sept.**  
**1929 Banned by shoe**  
**36** (duration) yrs. **3** mos. ds.

**CONTRIBUTORY (SECONDARY)**

**4/1** (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED** **Don't Know**  
IF NOT AT PLACE OF DEATH.....

**19. DID AN OPERATION PRECEDE DEATH?** DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **H. H. Muesel**, M. D.  
, 19 (Address) **166 Linden**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** **Valhalla Cemetery** **DATE OF BURIAL** **3-15-1930**

**20. UNDERTAKER** **Rieshauser and E. Manchester** **ADDRESS** **4104**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PPV SIGNATURES do not count. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA TION is very important.

Dr. Haverstick  
Parkview 7172