

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

Do not use this space.

**1. PLACE OF DEATH**

County.....  
Township.....  
City..... *St. Louis*

Registration District No. *1180*  
Primary Registration District No. *5030*

File No. *11982*  
Registered No. *3231*  
Ward.....

**2. FULL NAME**

*Louisa Elenece Edwards*  
(a) Residence. No. *Kirkwood* St. *12* Ward. *Kirkwood 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <i>John R. Edwards</i>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Mar. 26, 1863</i>		
7. AGE	YEARS <i>67</i>	MONTHS <i>11</i>
	DAYS <i>17</i>	IF LESS than 1 day, ..... hrs. or ..... min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <i>House-work</i> (b) General nature of industry, business, or establishment in which employed (or employer) <i>335</i> (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*

10. NAME OF FATHER *Bennett. Organ*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Tenn.*

12. MAIDEN NAME OF MOTHER *Mudela Smith*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Tenn.*

14. INFORMANT (Address) *Blude Edwards Kirkwood Mo*

15. FILED *Mar 27 1931* REGISTRAR *W. C. Taylor*

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Mar. 13 1931*

17. I HEREBY CERTIFY, That I attended deceased from *Mar 12* 1931, to *Mar 14* 1931, that I last saw him alive on *Mar. 13* 1931, and that death occurred, on the date stated above, at *4 P* m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*199A*  
*1298*  
*Lobar Pneumonia (Bilateral)*  
(duration) yrs. mos. *one* ds.  
CONTRIBUTORY *Strangulated Ventral Hernia*  
(SECONDARY) (duration) yrs. mos. *4* ds.

18. WHERE WAS DISEASE CONTRACTED? *AND*  
IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH? *yes* DATE OF *March 13/31*  
WAS THERE AN AUTOPSY? *no*  
WHAT TEST CONFIRMED DIAGNOSIS? *clinical*  
(Signed) *John O'Haynes* M. D.  
, 19 *Metropolitan*

\*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 *Mar 16 1931*

20. UNDERTAKER *Louis H. Bopp* ADDRESS *Kirkwood Mo*

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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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