

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

Do not use this space.

38832

1. PLACE OF DEATH

County St. Louis
Township Central
City St. Louis

Registration District No. 789

Primary Registration District No. Page + Partridge Ave

File No. _____
Registered No. 326
St. _____ Ward _____

2. FULL NAME

Charles E. Edwards
(a) Residence. No. Paris Tenn. St. _____ Ward _____

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

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>about 29</u>	<u>—</u>	<u>—</u>	<u>—</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Soda Dispenser.
(b) General nature of industry, business, or establishment in which employed (or employer) 210M
103B
(c) Name of employer _____

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT

(Address) Charles E. Jenkins
4380 N. Pine St. Louis Mo

15. FILED

11/10/31 Spella Tracy M. D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 6 1931

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____, m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Automobile Accident driving private automobile on public highway in St. Louis County, Mo. into another automobile.
Multiple fractures of ribs.
Internal injuries & hemorrhage.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

St. Louis County
IF NOT AT PLACE OF DEATH St. Louis County
DID AN OPERATION PRECED DEATH? _____ DATE OF _____

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

WHAT TEST CONFIRMED DIAGNOSIS? Physical signs.
(Signed) Spella Tracy M. D.
11/6 1931 (Address Cover of St. Louis Co.)

*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

Paris, Tenn. DATE OF BURIAL Nov. 7, 1931

20. UNDERTAKER

Louis H. Papp. ADDRESS Kirkwood Mo.

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 26 1931

RECEIVED
FEB 10 1964

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FEB 10 1964