

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

966
Do not use this space.

FEB 12 1938

1. PLACE OF DEATH

(a) County Registration District No. 791

(b) Township Primary Registration District No. 1003

(c) City St. Louis, Missouri (d) Street No. BARNES HOSPITAL Registered No. 822

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Milo Alexander Edwards 315

(a) Residence, No. 7410 Virginia St. 1

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Isagelle Edwards

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Wisconsin 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

58 Week Week Accountant

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

FATHER 13. NAME Ilija Edwards 4

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 0

MOTHER 15. MAIDEN NAME Sarah Cudemore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Isagelle Edwards 7410 Virginia

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE Jan. 26, 1938

19. FUNERAL DIRECTOR (ADDRESS) Alexander & Sons 6175 Delmar Blvd.

20. FILED JAN 24 1938 St. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/23/38 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-20, 1938, to 1-23, 1938

I last saw him alive on 1-23, 1938. Death is said to have occurred on the date stated above, at 1:05 p.m.

The principal cause of death and related causes of importance were as follows:

Hypertension, malignant
Anaemia, caused by arterio sclerosis
Cardiac failure, acute,
caused by hypertensive heart disease

Date of onset

Other contributory causes of importance:

9582

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes

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?
If so, specify John R. Smith, M. D.
(Signed) BARNES HOSPITAL
(Address)

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.

STATEMENT BY LICENSED EMBALMER

I, Jos. E. McCulloch, Licensed Embalmer No. 2460
hereby certify that the body recorded on the reverse side of this certificate was embalmed by self
L. E.
No. _____ or by Carl Huck, Registered Apprentice No. _____
working under my personal supervision.
Signed Jos. E. McCulloch
Licensed Embalmer No. 2460

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.)