

REC'D JUL 14 1938

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

21700
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 232
(b) Township Courtice Primary Registration District No. 3576
(c) City St. Louis (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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

John H. Edwards.
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Abraham Edwards.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 30-1860
7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
77 6 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Man
9. Industry or business in which work was done, as saw mill, bank, etc. Man
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) Greene Co, Mo.

FATHER 13. NAME Green T. Edwards
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER 15. MAIDEN NAME Louie Clark
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) G T Edwards Steelville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Edwards. DATE May- 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Edwards Steelville Mo

20. FILED June 20, 1938 J E Sanders Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3- 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1938, to May 3, 1938
I last saw him alive on May 2, 1938. Death is said to have occurred on the date stated above, at 10 a. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Date of onset 1937
g2w1

Other contributory causes of importance:

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? No.
If so, specify Go W Rears;, M. D.
(Signed) _____ (Address) Steelville Mo

Every record or information furnished hereunder is for the purpose of providing information to the public. It is not to be used for any other purpose. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

STATE OF ILLINOIS
DEPARTMENT OF HEALTH
BUREAU OF HEALTH SERVICES

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.