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.

LOC APR 12 1939

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

721
1003

8213
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 1978

(c) City St. Louis (d) Street No. 807 N. Garrison 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 36 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Emma Edwards

(a) Residence, No. 807 N. Garrison St. 21
(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: Fem.
4. COLOR OR RACE: Col'd
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widow of Will Edwards

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Not Known

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	Abt. 68	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Domestic
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): La.

FATHER

13. NAME: Joseph Jackson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): La.

MOTHER

15. MAIDEN NAME: Lettie (?)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): La.

17. INFORMANT: Minnie Jones
(ADDRESS) 3056 Delos ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Mar. 4, 1939

19. FUNERAL DIRECTOR: J. H. Harrison
(ADDRESS) 2906 Lawton

20. FILED MAR 2 1939 J. E. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/27, 1936, to 3-1, 1939

I last saw he alive on 2-27, 1939. 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:

	Date of onset
Hemorrhage, Intercranial.	
Pneumonia, Bronchio, Bilateral	

Other contributory causes of importance:
Arteriosclerosis
Myocarditis Chr.

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

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 .....
(Signed) M. J. Biermann, M. D.
(Address) 1021 N. Grand

(Licensed Embalmer's Statement on Reverse Side)

JUL 29 1947

STATEMENT BY LICENSED EMBALMER

I, J. H. Harrison, Licensed Embalmer No. 760

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Jas. H. Harrison

Licensed Embalmer No. 760

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)