

APR 12 1939

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

791
1008

8884
Do not use this space.
2649

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No. Registered No.
(c) City St Louis Mo (d) Street No. St Anthony's Hospital 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 Clara Edwards

(a) Residence, No. 6905 Page St. NR WELLSTON STA. MO
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13 - 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 7 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
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) Illinois

FATHER 13. NAME George Philhour

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clermont Ohio

MOTHER 15. MAIDEN NAME Amanda Goodwin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clermont Ohio

17. INFORMANT (ADDRESS) Evah Halland
6905 Page ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Norris City Ill DATE 3-15-39

19. FUNERAL DIRECTOR (ADDRESS) Turner Funeral Home
Norris City Ill

20. MAR 21 1939 19 J. B. Bricker
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-15-1939

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1939, to March 15, 1939

I last saw her alive on March 15, 1939. Death is said to have occurred on the date stated above, at 2:45 P.M.

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

Ac myocarditis
Date of onset 2/13/39

Other contributory causes of importance:
Carcinoma of uterus + Ch. Cholecystitis 11/1/38

Name of operation Hysterectomy Date of 3/10/39
What test confirmed diagnosis? Ch. chole 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 Dr. W. Walters
(Signed) M. D.

(Address) 3608 So Grand
3/15/39

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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STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No. or by....., Registered Apprentice No.
working under my personal supervision.

Signed

Howard P. Rowland

Licensed Embalmer No.

3114

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.)