

REC'D MAY 10 1939

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

791
100313143
Do not use this space.

Registered No. 3485

1. PLACE OF DEATH

- (a) County.....*2* Registration District No.....
(b) Township.....*f* Primary Registration District No.....
(c) City.....*St. Louis* (d) Street No. *5056* Tholozan 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

- (a) Residence, No. *5056* Tholozan St. *14* (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 Female	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 Thomas Brew				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 28, 1888				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	50	7	18	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Household			
	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) Amboy (STATE OR COUNTRY) Illinois				
FATHER	13. NAME William J. Edwards			
	14. BIRTHPLACE (CITY OR TOWN) Amboy (STATE OR COUNTRY) Illinois			
	15. MAIDEN NAME Unknown			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)			
	17. INFORMANT Thomas Brew (ADDRESS) 5056a Tholozan			
18. BURIAL, CREMATION, OR REMOVAL PLACE Amboy, Ill DATE April 17, 1939				
19. FUNERAL DIRECTOR (NAME) Beiderwieden Funeral Home (ADDRESS) 1936 St. Louis Ave.				
20. FILED APR 15 1939 <i>J. B. Budick</i> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1939
22. I HEREBY CERTIFY, That I attended deceased from February, 1939 to April 15, 1939 I last saw her alive on April 14, 1939 Death is said to have occurred on the date stated above, at 2:00 A.M. The principal cause of death and related causes of importance were as follows: CARCINOMA of Right Lung Date of onset Feb 1939
Other contributory causes of importance: None
Name of operation: None Date of: _____
What test confirmed diagnosis? _____ 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, specify _____ (Signed) <i>Hubert P. Smith</i> , M. D. (Address) 5205 1/2 Clipperton

(Licensed Embalmer's Statement on Reverse Side)

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 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 *Felix J. Krupin*.....

Licensed Embalmer No. *3497*.....

P. O. Address *1936 St. Louis*.....

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.