

NEW ADD 11 1939

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

24290
Do not use this space.

791
1008

Registered No. 6563

1. PLACE OF DEATH

- (a) County..... Registration District No.....
- (b) Township..... Primary Registration District No.....
- (c) City ^{or} **St. Louis**..... (d) Street No. **Homer G. Phillips Hospital**..... St.
- (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME **355 EDMONDS**

- (a) Residence, No. **4345-W Aldine**..... St. **11**..... (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE Negro	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-28-39			
7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		
	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).....
FATHER	12. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Mo.		
	13. NAME McKinley Edmonds		
MOTHER	14. BIRTHPLACE (CITY OR TOWN) Miss. (STATE OR COUNTRY)		
	15. MAIDEN NAME Katie Edwards		
	16. BIRTHPLACE (CITY OR TOWN) Miss. (STATE OR COUNTRY)		
17. INFORMANT L. M. Maples (ADDRESS) 2601 N Whittier St.			
18. BURIAL, CREMATION, OR REMOVAL PLACE CITY CEMETERY DATE 7-27-39			
19. FUNERAL DIRECTOR (NAME) Sra Hamilton (ADDRESS) City Health Dept.			
20. FILED JUL 26 1939 J.P. Brubaker Local Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6-28-** 19 **39**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....
I last saw **him** alive on..... 19..... Death is said to have occurred on the date stated above, at **10:17 P.M.**
The principal cause of death and related causes of importance were as follows:
Unknown (Stillborn) Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis **Clinical**..... 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?.....
If so, specify.....
(Signed) **J.P. Brubaker**....., M. D.
(Address) **2601 N Whittier St.**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. E.—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.....

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.