

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.

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30598
Registrar's No. 7661

BUREAU OF THE VITALS
MORTUARY 4-13-39

791
1008

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH: 3

(a) County _____

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3101 Washington (rear)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 18 years - 3 1/2
years, months or days

3. (a) PRINT FULL NAME ALBERT EDWARDS 498-03-7846

8. (b) If veteran, name war NO

8. (c) Social Security No. _____

4. Sex MALE

5. Color or race COLORED

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MILDRED EDWARDS

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased FEBRUARY 19 1905
(Month) (Day) (Year)

8. AGE: Years 34 Months 5 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace BONTERRE MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation LABOR

11. Industry or business _____

MOTHER FATHER { 12. Name JAMES EDWARDS

13. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name COLORA BURNS

16. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mildred Edwards

(b) Address 3041 Delmar Blvd.

17. (a) Burial (b) Date thereof Sept. 6-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GREENWOOD CEMETERY

18. (a) Signature of funeral director C.W. Roberts and Co

(b) Address 3035 Lucas ave

19. (a) SEP 5 1939 (b) J.P. Bruckner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County 1

(c) City or town St. Louis Mo 21
(If outside city or town limits, write "RURAL")

(d) Street No. 3041 Delmar Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30th
year 1939 hour 10:10 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage due to gunshot wound in chest perforating heart and both lungs, suffered when shot with gun in the hands of one Lawrence McCulloch, Col., in rear of 3101 Washington Avenue, about 10:10 A.M. August 30th, 1939.

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence August 30th, 1939

(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Home

While at work? No (Specify type of place) (e) Means of injury 1: Gun

23. Signature Albert J. Edwards (M.D. or other) _____
Address Delmar Ave Date signed 9/5/39

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.....

Robert St. Powell

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Robert St. Powell

Licensed Embalmer No. *3402*

P. O. Address. *3035 Lucas*

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.