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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8598

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2008

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Peoples Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Two Hours.
(Specify whether)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Lida Doss Edwards

3. (b) If veteran, name was _____

3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife. Cal Edwards

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased. July 6th 1912
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>28</u>	<u>7</u>	<u>26</u>	hr. _____ min.

9. Birthplace Starksville / Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Laundress

11. Industry or business _____

MOTHER FATHER

12. Name Nelson Doss

13. Birthplace Starksville / Mississippi
(City, town, or county) (State or foreign country)

14. Maiden name Hattie Harris

15. Birthplace Starksville / Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Nelson Doss Jr.

(b) Address 4457 Garfield Ave.

17. (a) Removal (b) Date thereof 3-5-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Starksville Miss

18. (a) Signature of funeral director Christ Baker

(b) Address 4107 Finney Ave.

19. (a) 3-1941 (b) J. Biedeck
(Date received for filing) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 2117
(If outside city or town limits, write "RURAL")

(d) Street No. 1008 N. Leffingwell 9
(If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd
year 1941 hour 4 minute 30 P. M.

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

Immediate cause of death Bilateral Emphyema
Cause undetermined

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

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) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

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

While at work? _____ (Specify type of place)

(e) Means of injury 3

23. Signature Thomas Callahan (M. D. or other) _____
Address 1300 Clark Date signed 3/3/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

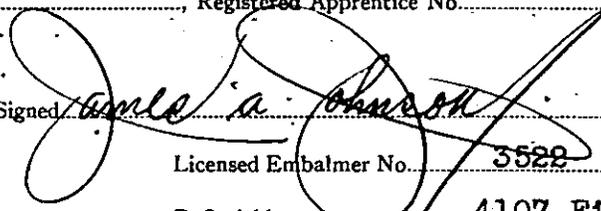
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

Registered Apprentice No.....

working under my personal supervision.

Signed 

Licensed Embalmer No. 3522

P. O. Address 4107 Finney

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, fact should be so stated above.