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

Do not use this space.

2628

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 189

City St. Louis (No. St. Lukes Hospital St. ..... Ward)

2. FULL NAME James W. Eldridge

(a) Residence No. 6028 Pershing Ave St., 5 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 27-1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	32	—	8	

8. OCCUPATION OF DECEASED 72A 93A 103

(a) Trade, profession, or particular kind of work Florist

(b) General nature of industry, business, or establishment in which employed (or employer) Paul Heil Co.

(c) Name of employer Paul Heil.

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) England

PARENTS

10. NAME OF FATHER Frederick Eldridge

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) England

12. MAIDEN NAME OF MOTHER Fannie Rose

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) England

14. INFORMANT Frederick Eldridge
(Address) Berwyn Penn

15. FILED -6 1928, 19 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/4 1928

17. I HEREBY CERTIFY, That I attended deceased from 12-30, 1927, to 1-4, 1928, that I last saw him alive on 1-4, 1928, and that death occurred, on the date stated above, at 10 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Failure Following Splena Myelogenous Leukemia Acute Myocarditis (duration) 3 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) Hemorrhages from Mucous Membranes (duration) ..... yrs. ..... mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? St. Louis, Missouri.

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Blood counts

(Signed) C. H. Leslie M.D.

1/4, 1928 (Address) St. Lukes Hospital, St. Louis, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Lebanon — DATE OF BURIAL Jan. 6 1928

20. UNDERTAKER Alexander & Sons — ADDRESS 6175 Delmar

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.