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

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.

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

Do not use this space.

2647

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. F 213

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

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

2. FULL NAME Edward H. Follin

(a) Residence. No. 1003 No. 16th St., 25 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Male
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: Olive Follin

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 0 1864

7. AGE: About 64 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Railroad Switchman
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

PARENTS

10. NAME OF FATHER: George Follin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Olive Hall
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Not known

14. INFORMANT: Olive Follin
(Address) 1003 No. 16th

15. FILED ....., 19.... Maud Starkloff REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1927, to Jan 4, 1928 that I last saw him alive on Jan 4, 1928, and that death occurred, on the date stated above, at 1-25 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Insufficiency
124A
92A
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY): Cirrhosis of Liver
(al) Alcoholic (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 122A

0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W Moore, M. D

1-6, 1928 (Address) 1336 Franklin

*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: Valhalla Creamatory
DATE OF BURIAL: 1-7 1928

20. UNDERTAKER: Spelbrink Und. Co.
ADDRESS: 1321 Franklin