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

Do not use this space.

15042

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis (No. 819 Fillmore St. ..... St. ..... Ward)

File No. .....

Registered No. 3959

2. FULL NAME May Edget

(a) Residence. No. 819 Fillmore St., 1 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 8 - 1858

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
69	9	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(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): Iowa

PARENTS

10. NAME OF FATHER: Hy Sabin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): N. S.
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Martin Reiser
(Address) 819 Fillmore St.

15. FILED APR 10 1928, 19.. Max C Starkley REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 9th 1928

17. I HEREBY CERTIFY, That I attended deceased from April 6th, 1928, to April 9th, 1928, that I last saw her alive on April 8th, 1928, and that death occurred, on the date stated above, at 8:15 a. m. p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(1) Acute Nephritis, cause unknown
(2) Myocarditis Chronic

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis 9 BC

..... (duration) ..... yrs. 97 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? 130

IF NOT AT PLACE OF DEATH? .....

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Paul Upshaw, M.D., M. D

4-9-1928 (Address) 3115 So. Grand Blvd.

*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: Concordia

DATE OF BURIAL: April 11th 1928

20. UNDERTAKER: Wm Schumacher

ADDRESS: 3013 Meramec St

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.

WHITE PAPER, WITH UNFADING INKLEPTHS IS A PERMANENT RECORD

OCT 14 1940