

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City *St. Louis* (No.....)

5236 Enright

File No.....

21912

Registered No.....

6037

Ward.....

2. FULL NAME

Edmund Mc Card

(a) Residence, No.....

5236 Enright

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. da.

How long in U.S., if of foreign birth?

..... yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

May R. Mc Card

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

9-25-1858

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, ... hrs. or min.

69

8

9

8. OCCUPATION OF DECEASED

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

Salumer

(b) General nature of industry, business, or establishment in which employed (or employer)

Musical Druggs

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Del.

10. NAME OF FATHER

Edmund Mc Card

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Del.

12. MAIDEN NAME OF MOTHER

Edna Mc Card

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Del.

14.

INFORMANT

(Address)

Chaudini Mc Card

5236 Enright

15.

FILED

1928

May C. Starkey

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

June 4 1928

17.

HEREBY CERTIFY, That I attended deceased from

Sept. 22, 1926, to June 4, 1928

I last saw him alive on *June 4, 1928*, and that

death occurred, on the date stated above, at *9 p.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Thrombosis

94B 11-28-29

CONTRIBUTORY (SECONDARY)

Aortic pericarditis

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH.....

no

DATE OF.....

WAS THERE AN AUTOPSY.....

no

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) *Albert E. Tamm*, M. D.

June 5, 1928 (Address) 3720 Washington

*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

DATE OF BURIAL

Greenville Del

6-7 1928

20. UNDERTAKER

ADDRESS

O'Donnell

Greenville Del.

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.

RECORD THIS IS A PERMANENT RECORD

