

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

22138

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No.

Township.....

Primary Registration District No. **0003**Registered No. **6313**City *St. Louis* (No. *St. Louis Hosp*)

St.

Ward)

2. FULL NAME

(a) Residence. No. *226 North Elm Ave.*

(Usual place of abode)

Ward. *Webster Groves*

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs. *1*

mos.

da.

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

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Widow</i>
-------------------------	----------------------------------	--

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF*Marshall H. Warren*

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

April 14 1852

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.*76**1**29*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work*At Home*(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)

*Johnstown
New York*

10. NAME OF FATHER

Walter Edson

PARENTS

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

*Ferry
New York*

12. MAIDEN NAME OF MOTHER

Augusta M. Van Dusen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

*Jerseyville
New York*

14.

INFORMANT
(Address)*Ed. H. G. Goren
Webster Groves Mo.*

15.

FILED

JUL 11 1928

Marie Starkleaf

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 13 1928

17.

I HEREBY CERTIFY, That I attended deceased from *Oct 25*
19*27*, to *June 13*, 19*28*.That I last saw h. a. alive on *June 13*, 19*28*, and that
death occurred, on the date stated above, at *4 P.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

*Ob. cirrhosis stomach**440*CONTRIBUTORY
(SECONDARY)

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? *X Ray*

(Signed)

3701 *Webster Groves*

19 (Address)

*June 14 - 1928**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

*Oak Hill**June 15 1928*

20. UNDERTAKER

Parker and Co

ADDRESS

Webster Groves Mo

3701 . *Indistinct*