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

Do not use this space.

22465

1. PLACE OF DEATH

County..... Registration District No. 7911

Township..... Primary Registration District No. 1903

File No.....

Registered No. 6661

City St. Louis (No. #5274 a Waterman Ave. Ward)

2. FULL NAME Edward L Rawls

(a) Residence. No. #5274a Waterman Ward 12

(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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 15th 1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ...hrs. or ....min.
	73.	9.	12.	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN).....

(STATE OR COUNTRY) Tennessee.

PARENTS

10. NAME OF FATHER John Rawls.

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....

(STATE OR COUNTRY) Tennessee

12. MAIDEN NAME OF MOTHER Mary Hinkle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....

(STATE OR COUNTRY) Tennessee.

14. INFORMANT Mrs Lee Rawls,

(Address) 5274 a Waterman

15. FILED....., 19.. Mar C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 25 1928

17. I HEREBY CERTIFY, That I attended deceased from June 25 19 28 to June 25 19 28

that I last saw h[illegible] alive on June 25 19 28 and that death occurred, on the date stated above, at 1.30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

a 25

b 12

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Acute pulmonary oedema

(duration) ... yrs. 1 mos. 12 ds.

18. WHERE WAS DISEASE CONTRACTED? 903

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

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) Lionel D Tutor M.D

, 19 (Address) 508 N 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	DATE OF BURIAL
Princeton, Ky.	6-27, 1928.
20. UNDERTAKER	ADDRESS
B. R. Lipton.	Olive Street #4449

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.

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