

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

Do not use this space.

7931

**1. PLACE OF DEATH**

County... St. Louis Registration District No. 1123  
 Township Carondelet Primary Registration District No. 6248 B  
 City Jefferson Barracks Mo. U.S. Veterans' Hospital, Jefferson Bkgs, Mo. (Ward)

File No. \_\_\_\_\_  
 Registered No. 91

**2. FULL NAME** Edward P. Stanton.

(a) Residence. No. 3907 Ashland Ave., St. Louis, Mo. Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred un yrs. kn mos. OWN, da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 6, 1877

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	51	7	17	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Salesman.  
 (b) General nature of industry, business, or establishment in which employed (or employer) Unavailable.  
 (c) Name of employer Unavailable.

9. BIRTHPLACE (CITY OR TOWN) Unavailable.  
 (STATE OR COUNTRY) Kentucky.

10. NAME OF FATHER Unavailable.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unavailable.  
 (STATE OR COUNTRY) Unavailable.

12. MAIDEN NAME OF MOTHER Unavailable.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unavailable.  
 (STATE OR COUNTRY) Unavailable.

14. INFORMANT Nathan Barlow, Clinical Director.  
 (Address) U.S. Veterans' Hospital, Jefferson Barracks, Mo.

15. Feb 23, 1929 FILED J. C. Obrock M.D. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 23, 1929. 19

17. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1929, 19, to Feb. 23, 1929, 19, that I last saw him alive on Feb. 23, 1929, 19, and that death occurred, on the date stated above, at 11:40 AM.

18. THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Nephritis, complicated with Uremia.

80  
1329 / 240  
100%  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.  
 CONTRIBUTORY (SECONDARY) Pneumonia, Post operative; Arterio-sclerosis; Charcot joint, left ankle.  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED Unknown  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH: Yes DATE OF Feb. 15, 1929

19. WAS THERE AN AUTOPSY? No.  
 WHAT TEST CONFIRMED DIAGNOSIS? Physical, X-Ray & Laboratory findings.  
 (Signed) J. E. Wheeler M. D.  
J. E. Wheeler, Medical Officer.  
 (Address) U.S. Veterans Hospital, Jefferson

\*State the DISEASE CHARACTERIZED BY 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 Jefferson Barracks DATE OF BURIAL Feb. 26 1929

20. UNDERTAKER Paul Andy Craig Whiteington ADDRESS \_\_\_\_\_

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.

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MAR 27 1929

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