

AY 29 1929

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

Do not use this space.

17079

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis (No. 1929 St. Ward)

Registration District No. 605
Primary Registration District No. 605

File No. 3
Registered No. 17079

2. FULL NAME

(a) Residence. No. Edward Nathaniel Aldrich St. 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11/15/1928

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. min.
5 4 0 0 0

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Littleton, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Willard Aldrich

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Edith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)

14. INFORMANT Willard Aldrich
(Address) St. Louis, Mo.

15. FILED 4/19/29 Mrs. J. M. Polk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 19 19 29

17. I HEREBY CERTIFY That I attended deceased from April 15 to April 19 19 29
that I last saw him alive on April 17 19 29, and that death occurred, on the date stated above, at 3-57 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Branchio-Cerebral
10TA
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? DATE OF

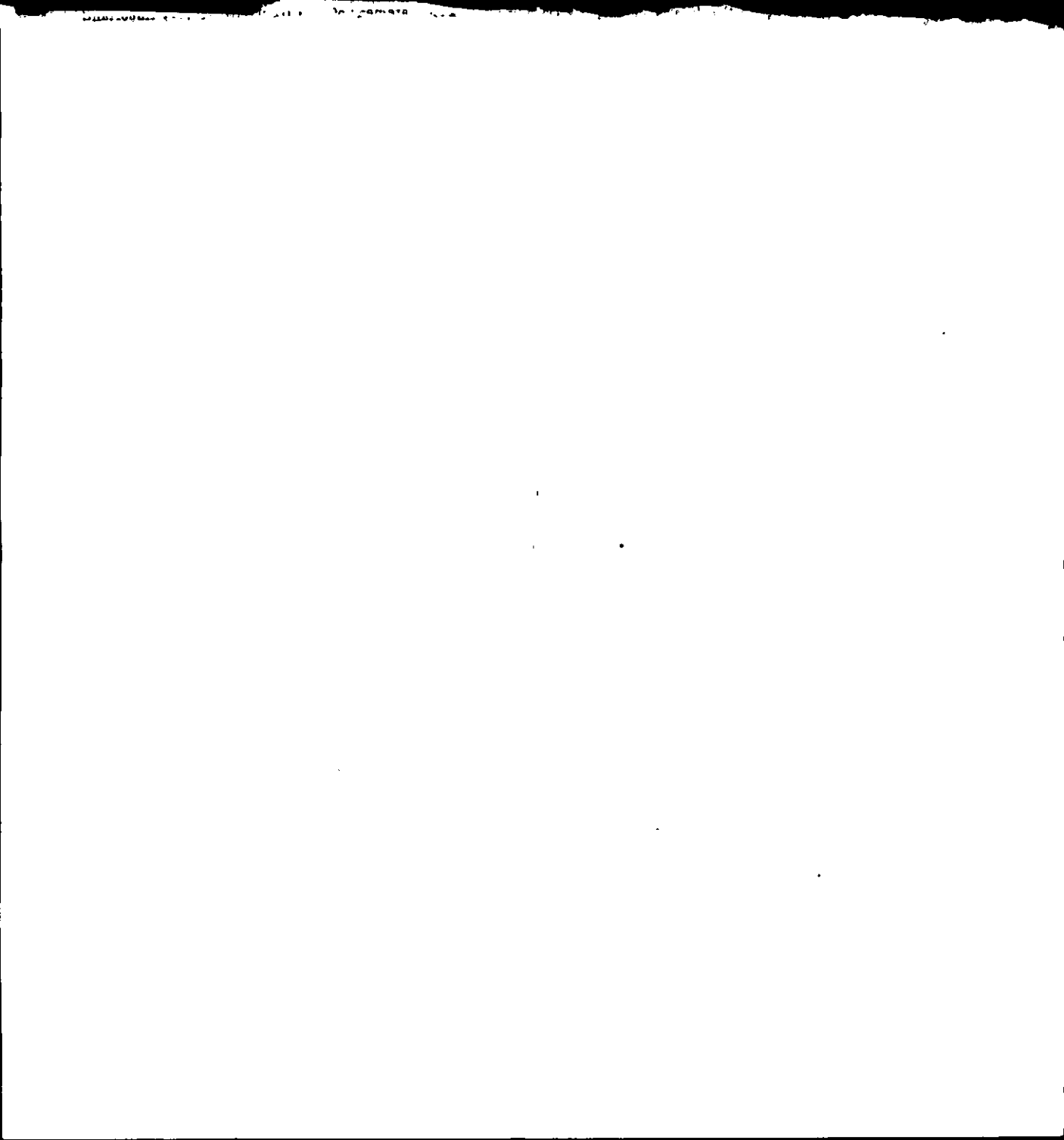
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam
(Signed) J. M. Polk M. D.
, 19 (Address) St. Louis, Mo.

*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 Littleton, Mo. DATE OF BURIAL Apr. 20 19 29

20. UNDERTAKER ADDRESS



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Wayne
Township Doguan
City Edwin Willard Aldrich (No. _____)

Registration District No. 65-
Primary Registration District No. 6192

File No. 3
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Edwin Willard Aldrich

(a) Residence. No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 201 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) W

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14.

INFORMANT _____
(Address)

15.

FILED 4/19 19 29 Mus: J. M. Poek
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 19 19 29

17. I HEREBY CERTIFY That I attended deceased from _____ 19 _____ to _____ 19 _____ that I last saw him alive on _____ 19 _____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchitis Pneumonia
(duration) _____ yrs. mos. ds.
CONTRIBUTORY (SECONDARY) NO
(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) J. B. Piles M. D.

, 19 _____ (Address) Frederick

*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

19

20. UNDERTAKER

ADDRESS

Neighbors

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. AGE should be stated in plain terms. Exact statement of OCCUPATION is very important. PHYSICIANS should state cause of death in plain terms. If cause of death is not known, state "Cause of death not known." REGIS. TARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBE. LAW

S-17079