

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

Do not use this space.

19972

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis**, (No. **2651 Keokuk Street**), St. Ward)

File No.....
Registered No. **5615**

2. FULL NAME Edward L. Stringer

(a) Residence No. **2651 Keokuk Street**, St. **24** Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Nellie Stringer.**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Aug. 22, 1875.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53. 8 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Engineer**
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer **Hydraulic Brick Co.**

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Alabama.**

10. NAME OF FATHER **Dont Know.**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Dont Know.**

12. MAIDEN NAME OF MOTHER **Dont Know.**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Dont Know.**

14. INFORMANT Nellie Stringer
(Address) **2651 Keokuk Street.**

15. MIV FILED **21**, 19 **May** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 20th 1929**

17. I HEREBY CERTIFY, That I attended deceased from **May 4th 1929**, to **May 20th 1929**, that I last saw him alive on **May 20th 1929**, and that death occurred, on the date stated above, at **1 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Regurgitation

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **Tuberculosis of lungs**
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH.....

DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Chas. E. Stiller

721, 19 **9** (Address) **3860 S Bay**

*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 **SS. Peter & Paul Cemetery** DATE OF BURIAL **May 23, 1929**

20. UNDERTAKER **J. V. Gebken & Co.** ADDRESS **2842 Meramec.**

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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Chas. E. Stiller

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