

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

Do not use this space.

14549

**1. PLACE OF DEATH**

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St. Louis (No. City Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 3897

**2. FULL NAME** (Edward Davis) (Edward P. Leffingwell alias Edward Davis)

(a) Residence. No. 805 Market St. 25 Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX** male

**4. COLOR OR RACE** white

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) single

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) April 4 1930

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

**17. I HEREBY CERTIFY**, That I attended deceased from April 25, 1930 to April 4, 1930 that I last saw him alive on April 4, 1930, and that death occurred, on the date stated above, at 7:40 am.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

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

**7. AGE** YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. About 41

Chronic Myocarditis  
S.S.C.  
(duration) yrs. 16 mos. ds.

**8. OCCUPATION OF DECEASED**

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

**CONTRIBUTORY (SECONDARY)** 90113  
(duration) yrs. \_\_\_\_\_ mos. ds.

**9. BIRTHPLACE** (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Michigan

**18. WHERE WAS DISEASE CONTRACTED**  
IF NOT AT PLACE OF DEATH. 805 Market

**10. NAME OF FATHER** Unknown

**DID AN OPERATION PRECEDE DEATH?** no DATE OF \_\_\_\_\_  
**WAS THERE AN AUTOPSY?** no

**11. BIRTHPLACE OF FATHER** (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Unknown

**WHAT TEST CONFIRMED DIAGNOSIS?** 14  
(Signed) Bey Margulies, M. D.  
14, 1930 (Address) City Hospital

**12. MAIDEN NAME OF MOTHER** Unknown

**13. BIRTHPLACE OF MOTHER** (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Unknown

\*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.

**14. INFORMANT** (Address) 805 Market

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** National, Cem. **DATE OF BURIAL** 4/22/1930

**15. FILED** 19 1930 Max C. Stork REGISTRAR

**20. UNDERTAKER** C. H. Heinster & Co **ADDRESS** 7814 S. Broadway

K. 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.

Lavis.