

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
Township Russ  
City St. Louis (No. 4815 E 20th)

Registration District No. 399  
Primary Registration District No. 1002

File No. 32794  
Registered No. 4017  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 4815 E 20th St 12 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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Edward R. Harrington

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward R. Harrington

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 3 - 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
60 7 29

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Housewife  
(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) White Ohio

10. NAME OF FATHER Mike Heister

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

12. MAIDEN NAME OF MOTHER Susan Heister

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

14. INFORMANT (Address) Mrs. Eva May Baulick 2976 Poplar

15. FILED 10/3/30 M. M. Crowe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 2 1930

I HEREBY CERTIFY, That I attended deceased from October 1929 to Oct 2 1930 that I last saw him alive on Oct 2 1930 and that death occurred, on the date stated above, at 9:40 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Myocarditis  
131  
925

CONTRIBUTORY (SECONDARY) Chronic nephritis (duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH. Ohio  
8 DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) W. M. Parns M. D.  
Oct 3, 1930 (Address) 2400 Olive

\*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 Elmwood Cem DATE OF BURIAL Oct 4 1930

20. UNDERTAKER Rose & Henderson ADDRESS 152 Jackson

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

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.

