

NOV 28 1930

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

Do not use this space.

34008

1. PLACE OF DEATH

County St. Louis Registration District No. 788
Township Webster Groves Primary Registration District No. 4471
City St. Louis (No. 550 Lee Ave) St. Ward

File No.
Registered No. 85

2. FULL NAME

Eda Corwin Massengale
(a) Residence. No. 550 Lee Ave St. Ward
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. Ray Massengale

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 4, 1882

7. AGE YEARS 48 MONTHS 3 DYS 7 IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. at home housewife
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Greencastle
(STATE OR COUNTRY) Ind.

10. NAME OF FATHER Geo. W. Corwin

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

12. MAIDEN NAME OF MOTHER Effie Bridges

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

14. INFORMANT J. A. Massengale
(Address) 550 Lee Ave - Webster

15. FILED 10-13 1930 Dr. A. W. Westrup
G. Carlock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 11 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1930, to Oct. 10, 1930, that I last saw him alive on Oct. 10, 1930, and that death occurred, on the date stated above, at 2:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cystic Gout

66A
CONTRIBUTORY (SECONDARY) 66B (duration) 6 yrs. mos. ds.
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) D. Swarth M. D.
10-12, 1930 (Address) 1 Kirkwood, 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 Bellefontaine Cem. DATE OF BURIAL Oct. 13 1930

20. UNDERTAKER Alexander and Sons ADDRESS 6175 Delmar

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.

Handwritten text, possibly a name or title, oriented vertically on the left side of the page.

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