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

Do not use this space.

3676

1. PLACE OF DEATH

County ..... Registration District No. 791 1003

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

City St Louis (No. 2507 S 2nd St ..... St. ..... Ward)

File No. .....

Registered No. 912

2. FULL NAME Edna King

(a) Residence. No. 2507 S 2nd St St. 23 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John King

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 19 1892

7. AGE: Years 38 | Months 7 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 235
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fayette Mo

PARENTS

10. NAME OF FATHER: Edward Heberling
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Howard Co Mo
12. MAIDEN NAME OF MOTHER: Bettie McKinney
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Salem Co Mo

14. INFORMANT (Address): John King 2507 S 2nd St

15. FILED ....., 19.. Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 21 1931

17. I HEREBY CERTIFY, That I attended deceased from June 1st, 1930, to Jan. 21, 1931, that I last saw her alive on Jan. 21, 1931, and that death occurred, on the date stated above, at 8:10 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac Incompetency
95B
69B
(duration) — yrs. 8 mos. — ds.

CONTRIBUTORY (SECONDARY): Obesity
(duration) 4 yrs. — mos. — ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam.

(Signed) Aug A. Werner M.D

Jan 22, 1931 (Address) MO Bldg 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: New St Marcus | DATE OF BURIAL: Jan 23 1931

20. UNDERTAKER: Wacker-Helderle | ADDRESS: 2331-S Bdwy

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.

...WITH UNFADING INK—THIS IS A PERMANENT RECORD