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

Do not use this space.

12165

File No. 3420

Registered No.

1. PLACE OF DEATH

County

Township

City (No. Bernard Du Shin Lower St. Ward)

Registration District No. 791

Primary Registration District No. 1005

2. FULL NAME Edna Du Four

(a) Residence. No. 3140 Cherry St., St. 15 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 24-1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	11	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): at home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Eloy Du Four
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Genevieve
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Pauline Wartman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

14. INFORMANT Addie Hartman
(Address) 2820 Thomas Avenue

15. FILED 19 Mary C Stark M.D.
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 18 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1931, to March 18, 1931 that I last saw h. alive on March 18, 1931, and that death occurred, on the date stated above, at 5 30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia, lobar
108
13 11 (duration) yrs. mos. ? ds.

CONTRIBUTORY (SECONDARY) Nephritis, chronic
(duration) ? 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? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy.
(Signed) Paul H Mitchell, M. D.
19 (Address) 3427 Washington Av

*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: Park Lawn Cemetery — DATE OF BURIAL: Mar 20 1931

20. UNDERTAKER: Julius H Schmitt — ADDRESS: 3934 Russell

Bhd

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.

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