

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

Do not use this space.

26115

1. PLACE OF DEATH

County St. Louis Registration District No. 786
 Township CENTRAL Primary Registration District No. 4469
 City Maplewood Mo. (No. 3207 Walter Ave.) St. _____ Ward _____

File No. _____
 Registered No. 64

2. FULL NAME EDWARD P. WATERHOUSE

(a) Residence, No. 3207 Walter 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 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 LYDIA WATERHOUSE
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV 23 1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60 8 2
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SALESMAN
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. JAMES & CO. GENERAL-ELECTRIC
 10. Date deceased last worked at this occupation (month and year) June 1929 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) INDIANA

13. NAME CHARLES D. WATERHOUSE

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MAINE

15. MAIDEN NAME EUNICE McCLELLAN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not KNOWN.

17. INFORMANT EDWARD P. WATERHOUSE JR. (ADDRESS) 3207 WALTER AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. CREMATORY DATE July 27 1931

19. UNDERTAKER CROGAN UND. CO. INC. (ADDRESS) 7146 MANCHESTER AVE.

20. FILED 7-29 1931 Mercedes Schuster Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25 1931

22. I HEREBY CERTIFY That I attended deceased from July 25 1931 to July 25 1931
 last saw him alive on July 25 1931 Death is said to have occurred on the date stated above, at 4:30 P. M.
 The principal cause of death and related causes of importance were as follows:
95L
11A
11A
Asthma
Chronic Myocarditis (Grippe)

Other contributory causes of importance:
Asthma
Chronic Myocarditis (Grippe)

Name of operation none Date of _____
 What test confirmed diagnosis? Cholera Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) D. M. Gibson M. D.
 (Address) 4337 Washington Blvd
St. Louis

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.

AUG 29 1931

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