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

Do not use this space.

1. PLACE OF DEATH
County: St. Louis
Township: St. Ferdinand
City: (No. Robertson Vill St. Ward)
Registration District No. 784
Primary Registration District No. 6030
File No. 29254
Registered No.

2. FULL NAME: Edward Black
(a) Residence. No. Robertsonville 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	Col	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
About	71	—	—	

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

9. BIRTHPLACE (CITY OR TOWN) Bonfield
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER: Costly Black
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bonfield
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) "
(STATE OR COUNTRY) "

14. INFORMANT: Marie Smith
(Address) Brentwood Mo.

15. FILED 8/8, 1931 Dr Carl J Koontz REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 2nd 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug, 1926, to Aug. 2, 1931, that I last saw him alive on Aug. 1st, 1931, and that death occurred, on the date stated above, at 9:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
9:30
11:00
(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Bronchial Asthma
(duration) 5 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) H. T. Coleman, M.D.
8-3, 1931 (Address) Pattonville 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: Father Dixon
DATE OF BURIAL: 8-8-1931

20. UNDERTAKER: American Funeral Home Pine
ADDRESS: 3844

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.