

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

Do not use this space.

42631

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. Ex. County City Hospital #1) St. Ward.....

File No.....
Registered No. 12549

2. FULL NAME Edwin E. Coles
(a) Residence. No. 3430 Michigan St., 24 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (<i>write the word</i>) <u>Married.</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Husband of Etta Coles.</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 10 1893.</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
<u>38.</u>	<u>8.</u>	<u>8.</u>	<u>8.</u>	<u>—</u>
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>Sewer Inspector.</u>				
(b) General nature of industry, business, or establishment in which employed (or employer) <u>City Sewer Dept.</u>				
(c) Name of employer <u>City of St. Louis.</u>				

9. BIRTHPLACE (CITY OR TOWN) Peoria
(STATE OR COUNTRY) Illinois.

PARENTS	10. NAME OF FATHER <u>Arthur Coles</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>New York</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Eloise Dupey.</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>France.</u> (STATE OR COUNTRY)

14. INFORMANT Mrs Etta Coles
(Address) 3430 Michigan

15. DECEASED DEC 21 1931
Max C. Stanton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

No Physician in Attendance
16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 18 1931

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at 9:20 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
93C

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.
J. W. Farnes

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

DID AN OPERATION PRECEDE DEATH? DATE OF.....
WAS THERE AN AUTOPSY? yes.

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) J. W. Farnes M.D.
12/19 1931 (Address) Dep. Coroner

*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 National Cem. **DATE OF BURIAL** Dec 21 1931

20. UNDERTAKER A. W. McLaughlin **ADDRESS** 1631. Mission

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

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.

