

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

Do not use this space.

✓ 14908  
File No. \_\_\_\_\_  
Registered No. **4356**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **10-153**  
City **St. Louis** (No. **1312 N.** St. **11<sup>E</sup>**)

**2. FULL NAME**

(a) Residence, No. **1312 N. 11<sup>E</sup>** St. **25** Ward. (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 <b>Male</b>	4. COLOR OR RACE <b>col.</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Single</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Jan 1 1888</b>		
7. AGE	YEARS <b>44</b>	MONTHS <b>3</b>
	DAYS <b>29</b>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Laborer 114</b>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>R.R. section</b>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Paris, La. 2</b>	
	13. NAME <b>Merley Anthony</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown 91</b>	
	15. MAIDEN NAME <b>Patsy Edwards</b>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>La 2</b>		
17. INFORMANT <b>Joe Edwards</b> (ADDRESS) <b>1312 N. Eleventh St</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>44th St</b> DATE <b>5-4-32</b>		
19. UNDERTAKER <b>R. F. Buddie Walker</b> (ADDRESS) <b>2901 Skidmore St</b>		
20. FILED <b>MAY -1 1932</b> <b>W. J. Starnes</b> Registrar		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Apr, 29 1932**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 23**, 19**32**, to **Apr 11**, 19**32**.  
I last saw him alive on **April 11**, 19**32**. Death is said to have occurred on the date stated above, at **11:50** a.m.  
The principal cause of death and related causes of importance were as follows:  
**108 - 9<sup>th</sup> Myocarditis the 92A Hemiplegia et Apoplexy**  
Date of onset **Apr 11 1932**

Other contributory causes of importance: **Terminal pneumonia 3 days labor**

Name of operation **108** Date of **108**  
What test confirmed diagnosis? **108** 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 **W. J. Starnes**, M. D.  
(Signed) \_\_\_\_\_ (Address) **1755 So Grand St. St. Louis, Mo.**

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.

