

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

Do not use this space.

20917

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. City Hospital)

File No.....
Registered No. 5404
St. Ward)

2. FULL NAME Edward J. Mabe
(a) Residence, No. 3716 Meramec Ward. 15
(Usual place of abode)
Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1 - 1876
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 1 3
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Longman clerk 37
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Neil Packing Co.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) No special information Grace Stopp City Hospital
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE June 7 1932
19. UNDERTAKER (ADDRESS) J. N. Ripken, P. O. Box 103, Meramec St.
20. FILED 6 1932 Registrar.

33 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4th 1932
22. I HEREBY CERTIFY, That I attended deceased from May 24th 1932 to June 4th 1932
I last saw him alive on June 4th 1932. Death is said to have occurred on the date stated above, at 11.05 P.M.
The principal cause of death and related causes of importance were as follows:
Date of onset

Chc myocarditis
Diabetes mellitus
Gangrene of foot (diabetic)
Other contributory causes of importance

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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?
If so, specify _____
(Signed) J. K. Richardson M. D.
(Address) City Hospital

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.

Moss