

WRITE MAINLY, 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.

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

Do not use this space.

34057

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis, Mo. (No. 6721, Smiley av.)

File No.
Registered No. **9410**
St. Ward)

2. FULL NAME William J. Espy

(a) Residence, No. 6721 Smiley St., 3 Ward.

Length of residence in city or town where death occurred 63 yrs. — 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

<p>3. SEX <u>Male</u></p>	<p>4. COLOR OR RACE <u>White</u></p>	<p>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u></p>	
<p>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Augusta B. Espy</u></p>			
<p>6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 8 1857</u></p>			
<p>7. AGE <u>75</u></p>	<p>YEARS</p>	<p>MONTHS <u>7</u></p>	<p>DAYS <u>13</u></p> <p>If LESS than 1 day, hrs. or min.</p>
OCCUPATION	<p>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Bookkeeper</u></p>		
	<p>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Hoyle Lead Co</u></p>		
	<p>10. Date deceased last worked at this occupation (month and year) <u>Nov. 18 1913</u></p>		
<p>11. Total time (years) spent in this occupation</p>			
<p>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fort Madison Iowa 2</u></p>			
FATHER	<p>13. NAME <u>Thomas J. Espy</u></p>		
	<p>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u></p>		
MOTHER	<p>15. MAIDEN NAME <u>Mary Ann Mc Bride</u></p>		
	<p>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u></p>		
<p>17. INFORMANT <u>Augusta B. Espy</u> (ADDRESS) <u>6721 Smiley</u></p>			
<p>18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Ann's Cm. Normandy Mo.</u> DATE <u>Oct 24</u> 19<u>32</u></p>			
<p>19. UNDERTAKER (ADDRESS) <u>Kriegerhauser Mortuaries</u> <u>422 S. Kingshighway Blvd.</u></p>			
<p>20. FILED <u>Oct 23 1932</u></p>			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 21 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/10 1932 to 10/21 1932
I last saw him alive on 10/15 1932 Death is said to have occurred on the date stated above, at 3:15 P.m.
The principal cause of death and related causes of importance were as follows:
Coronary atherosclerosis
MI
MI
MI
Other contributory causes of importance:
none

Name of operation none Date of none
What test confirmed diagnosis? Physical Exam. 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 ED Edwards M. D.
(Signed) ED Edwards M. D.
(Address) 4216 Shaw Blvd

Registrar

2 PM to 5 PM