

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

Do not use this space.

96 1. PLACE OF DEATH
 County St. Louis, Missouri Registration District No. 1123
 Townshp Cornwell Primary Registration District No. 6248B
 City U.S. Veterans Administration Hospital, Jefferson Barracks, Mo. File No. 2187
 Registered No. 40
 Ward

2. FULL NAME Edward CONE
 (a) Residence, No. 3031 Vine Grove Ave., St. Louis, Mo.
 (Usual place of abode)
 Length of residence in city or town where death occurred Un yrs. 00 mos. 00 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 6, 1842

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
90	90	0	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unavailable

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable

10. Date deceased last worked at this occupation (month and year) Unk. 11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City, New York.

13. NAME Unavailable

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable

15. MAIDEN NAME Unavailable

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable

17. INFORMANT C. H. SMITH, M.D., Clinical Director
 (ADDRESS) Vet. Adm. Hosp. Jeff. Brks., Mo.

18. BURIAL, CREMATION OR REMOVAL
 PLACE National Cemetery DATE Feb 6 1933

19. UNDERTAKER C. Brown
 (ADDRESS) 2707 So. Grand

20. FILED Feb. 5 1933 L. C. Obrod.
 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 31, 1933 to February 4, 1933
 I last saw him alive on February 4, 1933. Death is said to have occurred on the date stated above, at 12:25AM
 The principal cause of death and related causes of importance were as follows:
Bronchopneumonia Date of onset Unk.

Other contributory causes of importance:
Myocarditis, chronic, Unk.
Arteriosclerosis, generalized Unk.

Name of operation None Date of operation None
 What test confirmed diagnosis? Clinical, physical, x-ray, laboratory findings 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) W. C. T. BROWN, M.D., Med. Dir. of Hosp., M. D.
 (Address) Vet. Adm. Hosp. Jeff. Brks., Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. 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.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... (No..... St..... Ward.....)

File No.....
Registered No.....

2. FULL NAME

Edward R. Cone

(a) Residence, No. 2031 Vine Grove Ave., St. Louis, Mo. Ward.....
(Usual place of abode)

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE..... 19.....

19. UNDERTAKER
(ADDRESS)

20. FILED..... 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)..... 19.....

22. I HEREBY CERTIFY That I attended deceased from
..... to..... 19.....

I last saw h..... alive on..... 19..... Death is said
to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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)....., M. D.
(Address).....

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important.

State of Missouri, City of St. Louis, ss:

In the matter of statistical report of the death of Edward R. Cone.

On this 23d day of February, 1933, personally appeared before me, a Notary Public within and for the City aforesaid, duly authorized to administer oaths: ROBERT A. DUNLAP, aged 28 years, a resident of the City of St. Louis, Mo., who, being duly sworn according to law, declares:

"that it appears in the statistical report of the death of Edward R. Cone who died in the Veterans Administration Hospital, Jefferson Barracks, Mo., on the 4th day of February, 1933, that he, Edward R. Cone, was, at time of death, a widower. The full name of the deceased is Edward Raymond Cone.

"the statement in said statistical report that the deceased above named was, at the time of his death, a widower, is in error; the fact being that the said Edward R. Cone who died Feb. 4, 1933, in the Veterans Administration Hospital, Jefferson Barracks, Mo., was, at the time of his death, married.

"that affiant's means of knowledge of the facts to which he testifies is derived by reason of relationship to the deceased--being a grandson of the deceased Edward R. Cone, and from having visited the deceased daily during the time deceased was a patient in the institution named and from having view^d the corpse and attending the funeral of said Edward R. Cone.

"that affiant's address is: 3031 Vine Grove Ave., St. Louis, Mo.

Robert A. Dunlap
(Signature of affiant.)

Subscribed and sworn to before me this 23d day of February, 1933, and I certify that the contents of the foregoing affidavit were fully made known and explained to the affiant before swearing and that affiant is personally known to me and I believe him a credible person.

Robert S. O'Brien
Notary Public.

My Commission expires Feb. 11, 1934.

S-7187