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.

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

Do not use this space.

24522

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. City Hospital #2 St. ..... Ward)

File No. .....

Registered No. 5903

2. FULL NAME Edie Heard

(a) Residence, No. 924 N 22nd St., M Ward.
(Usual place of abode) (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: Female

4. COLOR OR RACE: Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11-23-1893

7. AGE: YEARS 39 | MONTHS 7 | DAYS 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... 12 A

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework 12 A

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): Miss

FATHER

13. NAME: Will Granger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N.C.

MOTHER

15. MAIDEN NAME: Virgie Walker

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

17. INFORMANT (ADDRESS): A Gertrude Creath City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL: PLACE Washington Park, Dem DATE 7-10, 1933

19. UNDERTAKER (ADDRESS): Ellis Funeral Home 3820 Stoddard St.

20. FILED JUL -3 1933, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-3-, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-30, 1933, to 7-3-, 1933

I last saw her alive on 7-3-, 1933 Death is said to have occurred on the date stated above, at 1 a m.

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

	Date of onset
Generalized Peritonitis	6 days

12 A

Other contributory causes of importance: Gangrenous Appendicitis

Name of operation: Appendectomy Date of 7/1/33

What test confirmed diagnosis? Clin Lab 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) R. G. Robinson, M. D.

(Address) City Hospital #2