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.

DEC 2 2 1934

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

Do not use this space.

40615

1. PLACE OF DEATH
County St Louis — Registration District No. 790 — File No.
Township ~~Central~~ — Primary Registration District No. 60334 — Registered No. 363
City Clayton (No. St Louis County Hospital Ward)

2. FULL NAME Edward Warren Dandridge
(a) Residence, No. Lansing & Redding Ward. (If nonresident, give city or town and State)
(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.

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 2 to 44

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-21-34

7. AGE YEARS MONTHS DAYS 15 days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Edw W Dandridge
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Gertrude A Byber
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) E. W Dandridge Lansing Ave Maryland Ht

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wesleyan DATE Nov 5 1934

19. UNDERTAKER (ADDRESS) A Ellis 5240 Delmar

20. FILED 11/5, 1934 Robt J Aschenstein Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-4, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-21, 1934, to 11-4, 1934
I last saw him alive on 11-4, 1934. Death is said to have occurred on the date stated above, at 4A m.
The principal cause of death and related causes of importance were as follows:
Syphilis, Congenital — Date of onset
34
159 34
Other contributory causes of importance:
Prematurity.

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? none 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 .....
(Signed) P. G. Buss, M. D.
(Address) St. Louis Co. Hospital Clayton, Mo.

Randolph 8200