

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

Do not use this space.

SEP 16 1935

1. PLACE OF DEATH

County.....
Township.....
City **Saint Louis**

Registration District No. **791**
Primary Registration District No. **1003**
(No. **3910 Aldine Avenue**)

File No.....
Registered No. **6599**
St. Ward)

2. FULL NAME **John Eddy**

(a) Residence, No. **3910 Aldine Avenue** St. **11** Ward.

(If nonresident, give city or town and State)
Length of residence in city or town where death occurred **Unavailable** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIFE OR HUSBAND OF **Emma Eddy**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 15/1890**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
45 4 14

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. **Laborer**

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

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

12. BIRTHPLACE (CITY OR TOWN) **Aberdeen**
(STATE OR COUNTRY) **Mississippi**

13. NAME **Jesse Eddy**

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

15. MAIDEN NAME **Unavailable**

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

17. INFORMANT **Mrs Emma Eddy**
(ADDRESS) **3910 Aldine Avenue**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Washington Park** DATE **Aug. 3rd**, 19 **35**

19. UNDERTAKER **Charles J. Bate**
(ADDRESS) **4107 Finney Avenue**

20. FILED **-2 1935** 19 **J. Brebeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 29th** 19 **35**

22. I HEREBY CERTIFY, That I attended deceased from **July 27th** 19 **35** to **July 29th** 19 **35**
I last saw him alive on **July 29th** 19 **35** Death is said to have occurred on the date stated above, at **4:00 p.m.**

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

Chronic Nephritis
Chronic Myocarditis

Other contributory causes of importance:

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Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **no** 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) **Robert M. Scott**, M. D.
(Address) **2839a Dickson Street**

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.

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