

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.

JUN 6 1936

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

Do not use this space.

21432

1. PLACE OF DEATH

County .....

Registration District No. **791**

File No. ....

Township .....

Primary Registration District No. **1008**

Registered No. **5673**

City **St. Louis**

No. **3745 Lindell Blvd**

St. .... Ward)

2. FULL NAME

**Elizabeth Ann Pledge**

(a) Residence, No. **3745 Lindell**, 1936 Ward.

(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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widowed</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Thoyas G. Pledge</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>June 1st 1860</b>		
7. AGE <b>About 75</b>	YEARS <b>11</b>	MONTHS <b>29</b>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>At Home</b>		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) <b>Mexico Missouri</b>		
13. NAME <b>Geo W. Edmonston</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Baltimore Maryland</b>		
15. MAIDEN NAME <b>(Unknown) Leeper</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown</b>		
17. INFORMANT <b>W. E. Pledge</b> (ADDRESS) <b>3745 Lindell Blvd.</b>		
18. BURIAL, CREMATION, OR REMOVAL <b>Walchalla Crematory, May 20 1936</b>		
19. UNDERTAKER <b>C. T. Lupton</b> (ADDRESS) <b>4429 High Street</b>		
20. FILED <b>MAY 29 1936</b> <b>J. H. Bredek</b> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 29th 1936**

22. I HEREBY CERTIFY, That I attended deceased from **7:30** to **11:00**, 1936, to **11:00**, 1936.

I last saw h..... alive on....., 1936. Death is said

to have occurred on the date stated above, at **11:00** p.m.

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

Date of onset

**Chronic Myocarditis  
Senility**

Other contributory causes of importance:

**1936**

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?..... Date of injury....., 1936

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) **J. H. Bredek**, M.D.

(Address) **St. Louis**

**2/29/36**

