

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

Do not use this space.

96 1. PLACE OF DEATH

County.....
Township.....
City St. Louis, (No. City Hospital)

FEB 8 1937
Registration District No. 791
Primary Registration District No. 1003

File No. 3715
Registered No. 730
St. Ward)

B. 14864 Edward Munsey

2. FULL NAME 2223 Salisbury St. 20 Ward.
(a) Residence, No. (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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24, 1864
7. AGE YEARS 72 MONTHS 7 DAYS 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter Tavern
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 245
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) Massachusetts 2

13. NAME Edward E. Munsey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 8

15. MAIDEN NAME Anna Munsey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 8

17. INFORMANT Hosp. Info. K. H. Kent (ADDRESS) City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem DATE Jan. 18, 1937

19. UNDERTAKER Math. Hermann & Son (ADDRESS) 2161 East Fair Avenue

20. FILED JAN 18 1937 J. Bredek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/15/37, 19.....
22. I HEREBY CERTIFY, That I attended deceased from 1/13/37 to 1/15/37, 19.....
I last saw him alive on 1/15/37, 19..... Death is said to have occurred on the date stated above, at 8. a m.

The principal cause of death and related causes of importance were as follows:
Bronchial asthma
Other contributory causes of importance:
degenerative heart disease

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....., 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 Geoffrey, M. D.
(Signed) (Address) City Hospital No. 1

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.

