

MAR 5-1937

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

Do not use this space.

## 1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis (No. 9)Registration District No. 791City Hospital No. 21003File No. 8733  
Registered No. 2197  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Edward McBride(a) Residence, No. 4578 Garfield St. 11 Ward. 1  
(Usual place of abode) Life (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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9, 19277. AGE YEARS 29 MONTHS 7 DAYS 8 If LESS than 1 day, ..... hrs. or ..... min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commercial Art Painter  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 124  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 112. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Missouri13. NAME Ed McBride14. BIRTHPLACE (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)15. MAIDEN NAME Ada Brown16. BIRTHPLACE (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)17. INFORMANT R. Perdeau  
(ADDRESS) 2945 Lawton18. BURIAL, CREMATION, OR REMOVAL  
PLACE FATHER DICKSON DATE FEB 23 193719. UNDERTAKER A. L. Beal and Co  
(ADDRESS) 2726 Lucas20. FILED FEB 23 1937  
J. F. Bredeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17 193722. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1937 to Feb. 17, 1937I last saw him alive on Feb. 17, 1937 Death is said to have occurred on the date stated above, at 7:25 P. M.

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

Lobar Pneumonia

Date of onset

2-11-37

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No23. 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) A. L. Lewis, M. D.(Address) 2945 Lawton

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.

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