

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City St. Louis, Mo. (No. St. Lukes Hospital.) St. .... Registered No. **10041**  
Ward) **2602**

2. FULL NAME

William R. Eidson.

(a) Residence, No. 5536 Pershing, Ave., St. 5 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
77 9 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Broker  
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) Shelby Co., Missouri

MOTHER 13. NAME John Eidson.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby, Co Missouri

15. MAIDEN NAME Rose (unknown)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby. Co. Missouri

17. INFORMANT Cosette Baker Eidson. (ADDRESS) 5536 Pershing, Ave.,

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. DATE March 6th 1937

19. UNDERTAKER (ADDRESS) C.R. Lupton & Sons. 4449 Olive, St. St. Louis, Mo.

20. F. MAR 6 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5<sup>th</sup> 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-1, 1937, to 3-5-, 1937.

I last saw him alive on Mar 4-, 1937. Death is said to have occurred on the date stated above, at 6 a. m.

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

Valvular heart disease - (Mitral Regurgitation) Date of onset 1915?  
Myocarditis - Chr ? 1925?

Other contributory causes of importance: 131

Grammia duct Chr nephritis

Name of operation..... Date of.....  
Urinary none

What test confirmed diagnosis? Auscultation 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? No  
If so, specify.....

(Signed) John R. Laughan M. D.  
(Address) 634 No Grand

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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Mr. [unclear]  
Mrs. Thackeray  
E - 4874  
11 - 1 0.7