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. Barnes Hospital St. ..... Ward)

File No. 10156

Registered No. 2720

2. FULL NAME Edmund Theodore Stein

(a) Residence, No. 2519 Sanford St., N.R. Ward. Ferguson Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 22nd, 1907

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	29	5	16	

OCCUPATION

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

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alton, Illinois

FATHER

13. NAME George Stein

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg, Pennsylvania

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Elvia Stein
(ADDRESS) 2519 Sanford Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Alton, Illinois DATE March 11th, 1937

19. UNDERTAKER Albert H. Hoppe Inc.,
(ADDRESS) 429 N. Euclid Avenue

20. FILED MAR 9 1937 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3 - 1, 1937, to 3 - 8, 1937

I last saw him alive on 3 - 8, 1937. Death is said to have occurred on the date stated above, at 6 50 p.m.

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

	Date of onset
Acute septic endocarditis	2-8-37

92A

Other contributory causes of importance:

~~[illegible]~~

~~[illegible]~~ Bicuspid aortic valve (Congenital)

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

What test confirmed diagnosis? Culture Was there an autopsy? Yes

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) R. W. Elliott, M. D.

(Address) [illegible]

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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