

FEB 16 1938

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

4105
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 96
 (b) Township _____ Primary Registration District No. _____ Registered No. 192
 (c) City St. Louis, Mich. Hy. (d) Street No. St. Mary's Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. 2 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles A. Eddy 300

(a) Residence, No. 3709 N. 11 Street St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 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) Dec. 5, 1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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) St. Louis, Mo.

FATHER 13. NAME Floyd Eddy
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stanly Oklahoma

MOTHER 15. MAIDEN NAME Mildred Newell
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maidville Mississippi

17. INFORMANT (ADDRESS) Mr. Floyd Eddy 3709 N. 11 Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Redford, Mo. DATE Jan. 31 1938

19. FUNERAL DIRECTOR (ADDRESS) 393 1/2 N. 20th St.

20. DATE OF DEATH JAN 30 1938 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1938, to Jan 30 1938
 I last saw him alive on Jan 30 1938. Death is said to have occurred on the date stated above, at 1:10 A.M.
 The principal cause of death and related causes of importance were as follows:

Sepsis
Erysipelas
Septicemic Arthritis

Date of onset
Jan 26
Jan 27
Jan 30

Other contributory causes of importance:

Chronic age

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) C. K. Hamilton M. D.
 (Address) St. Mary's Hospital

