CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAY 10 1938

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

791
1003

Do not use this space.

13146

File No. 3750
Registered No.

1. PLACE OF DEATH

County
Township
City St. Louis (No. , Mo Baptist St. Ward)

Registration District No.
Primary Registration District No.

2. FULL NAME Earl C. Statler 394

(a) Residence, No. St., NR Ward. Jackson, 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: 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) April 7, 1915

7. AGE: YEARS 23 | MONTHS 0 | DAYS 15 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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) July 1935
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Jackson Mo. 0

FATHER

13. NAME John H. Statler 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Jackson Mo. 0

MOTHER

15. MAIDEN NAME Ida V. Hitt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Jackson Mo.

17. INFORMANT (ADDRESS) John H. Statler Jackson, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Jackson, Mo. DATE April 24, 1938

19. UNDERTAKER (ADDRESS) Cracraft-Miller Jackson, Mo.

20. FILED APR 22 1938 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-17, 1938, to 4-22-38, 19..

I last saw h. 1M alive on 4-22, 1938. Death is said to have occurred on the date stated above, at 9:45 A.m.

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

	Date of onset
Myocarditis - Chronic	10-7-37
Chronic Nephritis	
(Amyloid Kidney) Amyloidosis	

Other contributory causes of importance:
Chronic Multiple Osteomyelitis
Cause unknown

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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?
If so, specify

(Signed) M. L. Kleinfelter, M. D.
(Address) St. Louis, Mo