

DEC'D MAR 13 1939

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

4411

Do not use this space.

1104

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis, Mo.** (d) Street No. **City Infirmary** 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 **30** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **355 John Edman**

(a) Residence, No. **5800 Arsenal** St. **13** (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) **Divorced**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mrs. W. Arnett**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar. 18, 1861**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 10 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **None**
 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) **Unknown**
(STATE OR COUNTRY) **Ill.**13. NAME **Unknown**14. BIRTHPLACE (CITY OR TOWN) **"**
(STATE OR COUNTRY) **"**15. MAIDEN NAME **"**16. BIRTHPLACE (CITY OR TOWN) **"**
(STATE OR COUNTRY) **"**17. INFORMANT **J.G. Sullivan**
(ADDRESS) **5800 Arsenal St.**18. BURIAL, CREMATION, OR REMOVAL
PLACE **City Crematory** DATE **2-3-39**19. FUNERAL DIRECTOR **J. Ryan**
(ADDRESS) **5800 Arsenal St.**20. FILED **Feb. 3, 1939**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 1, 1939**22. I HEREBY CERTIFY, That I attended deceased from **Jan. 25, 1939** to **Feb. 1, 1939**

I last saw him alive on **Feb. 1, 1939** Death is said to have occurred on the date stated above, at **12:50 A.M.**

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

Chronic Myocarditis
Generalized Atherosclerosis

Date of onset

Other contributory causes of importance

Name of operation **None** Date ofWhat test confirmed diagnosis? **Path. PE.** 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) **George M. Pike** M. D.(Address) **5800 Arsenal St.**

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)