

REC'D FEB 18 1941

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

4102
Do not use this space.

1. PLACE OF DEATH

(a) County St. Clair Registration District No. 769
(b) Township Speedwell Primary Registration District No. 6015 Registered No. 2
(c) City Edwardsville - Springs (d) Street No. 1 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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edward P. Pace

(a) Residence, No. St. Clair 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) One Pace
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-25-1862
7. AGE YEARS MONTHS DAYS 78 6 23 If LESS than 1 day, hrs. or min.
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. Retired
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Clair Co. Mo. (STATE OR COUNTRY) Virginia

13. NAME Mike Pace

14. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY)

15. MAIDEN NAME Martha Francis

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

17. INFORMANT One Pace (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Assumed DATE 1-18 1941

19. FUNERAL DIRECTOR (NAME) Richardson (ADDRESS) Mo. Co. Mo.

20. FILED 1-19 1941 Marjorie Richardson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-17 1941

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1940, to Jan 18, 1941. I last saw him alive on Jan 15, 1941. Death is said to have occurred on the date stated above, at 7:30 P.M.

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

Gangrene of foot
Emilia
antico
Sclerosis
Date of onset

Other contributory causes of importance: antico
Sclerosis

Name of operation None Date of

What test confirmed diagnosis? Ch. Ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No 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 no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify no
(Signed) J. W. Richardson M.D.
(Address) 917 W. 1st St. Mo.

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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RECEIVED

District Health

Officer No. 7,

District File Number

2-41-293

Date Filed

2-10-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.