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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23254

FILED AUG. 8 1943

Registration District No. 818 Primary Registration District No. 1003

Registrar's No. 6264

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3533 Wyoming Street / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis, 9/6 (If outside city or town limits, write "RURAL")

(d) Street No. 3533 Wyoming St. (If rural, give location)

(e) Citizen of foreign country? -- (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Edwin D. McPherson

3. (b) If veteran, name war --

3. (c) Social Security No. 702-09-0368

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Laura McPherson

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased December (Month) 4, (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	7	21	hr. min.

9. Birthplace St. Louis, Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation Clerk, Manufacturers RR Co.

11. Industry or business

FATHER
12. Name David McPherson
13. Birthplace Trenton, New York / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Cora B. Fisher
15. Birthplace Hannibal, Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant Laura McPherson

(b) Address 3533 Wyoming St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 (Month) 28 (Day) 43 (Year)

(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Wacker Helderle Und. Co.

(b) Address 3634 Gravois Avenue

19. (a) (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year 1943 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 1942, 19 to July 25, 1943 that I last saw him alive on July 24, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma sigmoid colon

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Edmund R. Sheridan (M. D. or other)

Address 5602 So. Grand Date signed 7-26-43

(Licensed Embalmer's Statement on Reverse Side)

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 Frank J. [illegible]

Licensed Embalmer No. 2645

P. O. Address St Louis Mo

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.)

If this body is not embalmed, fact should be so stated above.