

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City St. Louis (No. in Route City) Hospital # 2
 St. Ward)
 File No. **39213**
 Registered No. **11390**

2. FULL NAME

Eddie Eldridge (~~Eldridge~~) Eldridge
 (a) Residence, No. 2809² Dayton St. 21 Ward.
 (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 <u>Male</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 31st 1912</u>		
7. AGE	YEARS <u>19</u>	MONTHS <u>2</u>
	DAYS <u>8</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House man</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Magdon (Hotel)</u>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mount Zell</u>		
FATHER	13. NAME <u>Bob Eldridge</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton Ky.</u>	
MOTHER	15. MAIDEN NAME <u>Emma Belle</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>	
17. INFORMANT (ADDRESS) <u>Emma Bell 2809² Dayton St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenwood</u> DATE <u>Nov 13 1931</u>		
19. UNDERTAKER (ADDRESS) <u>A. B. Beal & Sons Co. 2726² Sugar Hill</u>		
20. FILED <u>12 13 1931</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8 1931

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
 I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 9:50 a.m.
 The principal cause of death and related causes of importance were as follows:
173
Shot wound of head caused by bullet fired from gun in hand of Otto Bremer (Col) at 2733 S. L. Linn, Mo.
 Other contributory causes of importance:
173 Homicide

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? Homicide Date of injury 11/8, 1931
 Where did injury occur? St. Louis Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
In Home
 Manner of injury Shot wound of head
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) John J. Purley M.D.
 (Address) 2726² Sugar Hill

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

