

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

Do not use this space.

3112

**1. PLACE OF DEATH**

County.....

Registration District No. 5003

File No.....

Township.....

Primary Registration District No. J. Barnes Hwy

Registered No. 853

City St. Louis Mo (No. 12)

St. 6 Ward

**2. FULL NAME** Charles George Edecker

(a) Residence, No. 510 22nd St St. 12 Ward. 6 St. Louis Mo

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 14 mos. 14 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) 2-20-1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
25 11 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attendant @ Milling Station 170  
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) 1-2-32 11. Total time (years) spent in this occupation. 3 mos.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Case Ill 2

MOTHER FATHER 13. NAME Joseph Edecker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Case Ill

MOTHER 15. MAIDEN NAME Clara Pielke

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Case Ill

17. INFORMANT (ADDRESS) Dorothy Edecker Case Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Ill DATE 1/28-1932

19. UNDERTAKER (ADDRESS) Mrs. M. P. Walsh Case Ill

20. FILED Jan 31 1932 W. C. Stanley Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-26-32 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-11-1932 to 1-26-1932

I last saw him alive on 1-26-1932. Death is said to have occurred on the date stated above, at 9:00 am.

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

Hypertension 131  
Chronic Nephritis 132 B  
Uremia 131 102  
Date of onset

Other contributory causes of importance: Uremic poisoning from the chronic nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no, 1932

Where did injury occur? no (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) F. R. Bradley, M. D.

(Address) St. Louis 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.

