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

Do not use this space.

File No. 37825
Registered No. 368

1. PLACE OF DEATH
County St. Louis — Registration District No. 1123
Township Carondelet — Primary Registration District No. 6248 137
City Jefferson Barracks, Mo. No. Station Hospital St. Ward)

2. FULL NAME Edna A. McFan
(a) Residence, No. 2228 Alberta St. St., Ward. St Louis, Mo
(Usual place of abode) St. Louis, Mo. (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John C. McFan.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	10	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) John C. McFan, 2228 Alberta St., St. Louis, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem. DATE 12/2 – 1933

19. UNDERTAKER C. Hoffmeister U. & Co.
(ADDRESS) 7814 Broadway

20. FILED Dec 2 1933 B. H. Tate M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 27, 1933 to November 29, 1933
I last saw her alive on November 29, 1933 Death is said to have occurred on the date stated above, at 9:55 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cerebral hemorrhage region right internal capsule.	
2. Arterial hypertension severe.	
3. Nephtitis, chronic, interstitial, severe.	

Other contributory causes of importance

Name of operation Date of
What test confirmed diagnosis? Clinical 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?
If so, specify
(Signed) F. V. Kilgore, Major, M. C., M. D.
(Address) Jefferson Barracks, 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.