

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

Do not use this space.

18001

File No. _____
Registered No. 138 St. _____ Ward _____

1. PLACE OF DEATH

County St. Louis Registration District No. 790
Township Central Primary Registration District No. 6033^a
City Northwood (No. Litzinger + Lay Rd.)

2. FULL NAME Edward Taznell

(a) Residence, No. Litzinger + Lay Rd. St. _____ Ward _____
(Usual place of abode) about 75 yrs. - mos. - ds.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>abt</u>	<u>75</u>			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

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) St. Louis County

13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT Mrs. Oliver Jellison (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Cathedral Dickson DATE 5/6 1934

19. UNDERTAKER J. B. Lewis (ADDRESS) Webster Groves

20. FILED 5/5 1934 Paul J. Ambrose Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/1/34 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 1PM m.

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

Acute Inf. pericarditis, Cardiac hypertrophy, Generalized arteriosclerosis, Chr. Int. nephritis. Generalized old Pul. T.B.C. throughout both lungs
Other contributory causes of importance: Fibrous pneumonia, in rt. lung, all of rt. lung. Senility.

Date of onset 7/1
16
31/19

Name of operation _____ Date of _____
What test confirmed diagnosis? autopsy Was there an autopsy? yes

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) Sula B. Pierson (Address) 3718 Jennings, Re.,

JUN 26 1934

[The body of the document contains several paragraphs of text that are almost entirely illegible due to extreme blurriness and low contrast. Only a few words and phrases are faintly visible, such as "Statement of" at the top and "I am" in the first paragraph.]