

NOV 9 1935

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

Do not use this space.

34515

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003City St. LouisNo. 5386, PershingFile No. 8956Registered No. 8956

St. Ward)

2. FULL NAME Edgar Cecil(a) Residence, No. 5386 Pershing St. 12 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>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Christina Cecil</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec., 25, 1878</u>		
7. AGE	YEARS	MONTHS
	<u>56</u>	<u>9</u>
		DAYS
		<u>29</u>
		If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>St. Louis Drug Co.</u>		
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) <u>Kentucky</u>		
13. NAME <u>Patrick A. Cecil</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
15. MAIDEN NAME <u>Jaley Percell</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
17. INFORMANT <u>Mrs. Christina Cecil</u> (ADDRESS) <u>5386 Pershing Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sadon's Hill</u> DATE <u>Oct. 26, 1935</u>		
19. UNDERTAKER <u>A. Hron & Co.</u> (ADDRESS) <u>2707 N. Grand Blvd.</u>		
20. FILED <u>25 1935</u> 19 <u>J. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24, 193522. I HEREBY CERTIFY, That attended deceased from Sept 20, 1935, Oct 24, 1935I last saw him alive on Oct 24, 1935 Death is saidto have occurred on the date stated above, at 10:20 P.M.

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

Melano-sarcoma
of pelvis.
primary seat in prostate

Other contributory causes of importance:

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?..... 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 Lymphatic(Signed) Lloyd L. Heid M. D.(Address) 306 Lindell Trolley
St. Louis Mo

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.

MARGIN RESERVED FOR BINDING

V. 86 NO. 2
100M-11-24-33

