

FEB 12 1938

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

791
1003
622
Do not use this space.

1. PLACE OF DEATH

(a) County _____ Registration District No. _____
(b) Township _____ Primary Registration District No. _____ Registered No. **478**
(c) City **ST. LOUIS** (d) Street No. **4743 1/2 Washington** St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Edward J. Stout 330**

(a) Residence, No. **4743 1/2 Washington** St. **12**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/13 1938**

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

22. I HEREBY CERTIFY That I attended deceased from **Nov. 18 1937** to **Jan. 13 1938**
I last saw him alive on **Jan 13 1938** Death is said to have occurred on the date stated above, at **1:45 am**.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar 6 1882**
7. AGE YEARS **55** MONTHS **10** DAYS **7** If LESS than 1 day, _____ hrs. or _____ min.

Mitral Insufficiency Date of onset **unknown**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Clark**
9. Industry or business in which work was done, as saw mill, bank, etc. **U.S. Post Office**
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

131
Other contributory causes of importance: **nephritis, chronic**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ky**

FATHER 13. NAME **Leedsay Stout**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ky.**

MOTHER 15. MAIDEN NAME **Mattie Gillenwaters**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Miss**

17. INFORMANT (ADDRESS) **Mrs. Esther Schwab 4743 1/2 Washington**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Cem.** DATE **Jan 15 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Fred M. Williams 4735 Washington**

20. FILED ON **JAN 14 1938** **J. Bredek** Local Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? **No**
If so, specify _____ (Signed) **W. H. Howie**, M. D.
(Address) **5855 Waterloo**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Robert H. Williams, Licensed Embalmer No. 3249

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Robert H. Williams

Licensed Embalmer No. 3249

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)