

CT 27 1938

REC'D NOV 3 1938

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

36882
Do not use this space.

1. PLACE OF DEATH
 (a) County Saint Louis Registration District No. 784
 (b) Township Carondelet Primary Registration District No. 200
 (c) City Jefferson Barracks (d) Street No. Vet Hop 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. moa. ds.

2. PRINT FULL NAME Richard EDINGTON
 (a) Residence, No. 1011 North 16th Street, Saint Louis, Missouri.
 (Usual place of abode, if no street address, write county or city) (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 Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mrs. Nancy Edington (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13, 1889
 7. AGE YEARS 49 MONTHS 1 DAYS 8 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Janitor
 9. Industry or business in which work was done, as 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) West Point, Mississippi. (STATE OR COUNTRY)

FATHER 13. NAME Tony Edington

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

MOTHER 15. MAIDEN NAME Emma Westburn

16. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY)

17. INFORMANT Clinical Club, Jefferson Barracks, Missouri (ADDRESS)

18. BURIAL, CREMATION OR REMOVAL PLACE Not known DATE 10/20/1938

19. FUNERAL DIRECTOR McDonnell and Co. (ADDRESS) 2506 Fray City Ave.

20. FILED OCT 27 1938 W. H. Myers, M.D., Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 1, 1938, to October 21, 1938
 I last saw him alive on October 21, 1938. Death is said to have occurred on the date stated above, at 5:10 P.M.
 The principal cause of death and related causes of importance were as follows:

Nephritis, chronic with high nitrogen retention.

Other contributory causes of importance: No

Name of operation None Date of phy. Clinical manir. and laboratory
 What test confirmed diagnosis? None Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury None, 1938
 Where did injury occur? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury None
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify None
 (Signed) C. W. HUGHES, Chief Med. Off., M. D.
 (Address) Jefferson Barracks, Missouri.

Date of case? Unkn.
121
Unkn.

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.

STATEMENT BY LICENSED EMBALMER

I, William C. McDowell Licensed Embalmer No. 2114

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 William C. McDowell

Licensed Embalmer No. 2114

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