APR 12 1939 REC'D MAY 11 1939

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

16194
Do not use this space.

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.

1. PLACE OF DEATH
(a) County Saint Louis — Registration District No. 784
(b) Township or (c) City Carondelet, Jefferson Barracks — Primary Registration District No. 200 — Registered No. 662
(d) Street No. Vet Hosp. 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 32 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME EDGAR, John B.
(a) Residence, No. 8221 Church Road, Saint Louis St. 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Lelia Edgar (Pattrin.)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): September 27, 1893
7. AGE: Years 45 — Months 6 — Days 13 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Saw Grinder
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) (STATE OR COUNTRY): Saint Louis, Missouri.

FATHER
13. NAME: John Edgar
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saint Louis Missouri

MOTHER
15. MAIDEN NAME: Anna Engling
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known Not known St. Louis

17. INFORMANT (ADDRESS): Clinical Clerk, VAF., Jefferson Barracks, Missouri.
18. BURIAL, CREMATION, OR REMOVAL — PLACE: St. Johns, DATE: April 13, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Math Hermann & Son. 2161 East Fair Ave.
20. FILED: APR 12 1939 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 10, 1939
22. I HEREBY CERTIFY, That I attended deceased from February 13, 1939, to April 10, 1939
I last saw him alive on April 10, 1939. Death is said to have occurred on the date stated above, at 11:55 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial Hypertention with severe hypertensive heart disease (myocarditis, chronic.)	Unkn.
Nephritis, chronic, and arteriosclerosis.	Unkn.

Other contributory causes of importance:
None.

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Name of operation: None — Date of:
What test confirmed diagnosis? Phy. clinical manif. and laboratory — 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) C. W. HUGHES, Chief Med. Officer M. D.
(Address) VAF., Jefferson Barracks, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....; Registered Apprentice No.....

working under my personal supervision.

Signed William G. Buchho

Licensed Embalmer No. 2110

P. O. Address St. Louis, M

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

If this body is not embalmed, above space should be left blank.