Dr J Flowers
1711 N 10th st

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

Do not use this space.

1. PLACE OF DEATH Ty 0357

County ..... Registration District No. 791 File No. 17160

Township ..... Primary Registration District No. 1003 Registered No. 5140

City St Louis Mo (No. ..... St. ..... Ward)

2. FULL NAME Andrew Eskridge

(a) Residence. No. 1524 R. Wash st St. 25 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 1 1879

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
48	4	30	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Fireman
(b) General nature of industry, business, or establishment in which employed (or employer): Stationary
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Martin Tenn

PARENTS

10. NAME OF FATHER: Green Eskridge
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Martin Tenn
12. MAIDEN NAME OF MOTHER: Knat Knaun
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kat Knaun

14. INFORMANT: Maud Massie
(Address) 1524 R Wash st

15. FILED JUN -2 1927, 19 Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) May 31 1927

17. I HEREBY CERTIFY, That I attended deceased from May 27, 1927, to May 31, 1927 that I last saw him alive on May 31, 1927, and that death occurred, on the date stated above, at 7:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Parenchymatous Nephritis
11B
130 (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) La Grippe
(duration) yrs. mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
O DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Auscultation

(Signed) J. A. Flowers M. D
, 19 (Address) 1711 N. 10th St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Greenwood
DATE OF BURIAL: 6-4 1927

20. UNDERTAKER: Dement & Walton
ADDRESS: 2700 Wash

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.