

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.

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

Do not use this space  
3321 ~~3184~~  
File No. ~~250~~  
Registered No. 819  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County \_\_\_\_\_ Registration District No. <sup>704</sup> 1003  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City St. Louis (No. Central Hospital)

2. FULL NAME

Jean Andells  
(a) Residence No. 1601 1/2 N. 25<sup>th</sup> St. 20 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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 8 1924</u>		
7. AGE	YEARS	MONTHS
	<u>5</u>	<u>4</u>
		DAYS
		<u>16</u>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>at Home</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) _____		
(c) Name of employer _____		

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) St. Louis

PARENTS	10. NAME OF FATHER <u>James Andells</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>
	12. MAIDEN NAME OF MOTHER <u>Helen Capps</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>

14. INFORMANT James Andells  
(Address) 1601 1/2 N. 25<sup>th</sup> St

15. JAN 25 1930 FILED \_\_\_\_\_  
Wm C Stanley  
REGISTRAR

20 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-24 1930  
17. I HEREBY CERTIFY, That I attended deceased from 1-16 1930 to 1-24 1930 that I last saw h. etc alive on 1-23 1930, and that death occurred, on the date stated above, at 2:52 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Lobar Pneumonia  
10/10/10 <sup>108</sup> <sub>192</sub>  
(duration) yrs. mos. 8 ds.  
CONTRIBUTORY (SECONDARY) Pneumococci Peritonitis  
(duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH 1601 1/2 N. 25<sup>th</sup> St.  
DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) A. F. Lerner M. D.  
1-24 1930 (Address) 1259 N. Kingshighway

\*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 Cemetery DATE OF BURIAL 1-25 1930

20. UNDERTAKER Arthur J. Homelly ADDRESS 2039 Ward St

Dr Lerner  
1259 N Kings Highway

Fd 5310

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