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

Do not use this space.

24796

File No. 6955

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis

Registration District No. 701

Primary Registration District No. 1003

(No. 3117 Manning ave St. Ward)

2. FULL NAME Andrew F McDermott

(a) Residence. No. 3117 Manning ave St. 17 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widower ~~Married~~

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 25, 1867

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
63	2	17	

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Andrew McDermott

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Bridget Byrnes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo

14. INFORMANT Mrs Walter Habenicht
(Address) 4410 Rosa Ave

15. JUL 14 1930 Max C Starkloff
FILED ....19.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12 1930

17. I HEREBY CERTIFY, That I attended deceased from July 12, 1930, to July 12, 1930, that I last saw him alive on July 12, 1930, and that death occurred, on the date stated above, at 6:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(a) A Myocarditis (acute)
(b)
(c)

(duration) ....yrs. ....mos. 4 hrs.

CONTRIBUTORY (SECONDARY) Arteri-Sclerosis — Mitral disease

(duration) 5 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) M Melbourne Hall, M. D.

July 14, 1930 (Address) 1623 Iowa Ave

*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	DATE OF BURIAL
Calvary Cemetery	7-15 1930
20. UNDERTAKER Kreyshauser & Co	ADDRESS 4228 S. Kingshighway

N. B.—Every item of information should be carefully supplied. Age should be stated exactly. Accurate data CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.