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.

31240

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 8837

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

City St. Louis (No. 4550 Washington St. ..... Ward)

2. FULL NAME Alice Andrews Lemen

(a) Residence. No. 4550 Washington St. 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)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch 29-1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	67	5	7	

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

9. BIRTHPLACE (CITY OR TOWN) Troy
(STATE OR COUNTRY) Illinois

PARENTS
10. NAME OF FATHER James B. Andrews
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) N. Y.
12. MAIDEN NAME OF MOTHER Elizabeth Black
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tenn

14. INFORMANT Miss Isabell Andrews
(Address) 4550 Washington

15. FILED SEP -9 1930 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 6th 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 26th, 1930, to Sept 6th, 1930 that I last saw her alive on Sept 6th, 1930, and that death occurred, on the date stated above, at 12:45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
94A
71B
..... (duration) ..... yrs. ..... mos. 11 ds.

CONTRIBUTORY (SECONDARY) Anemia
..... (duration) 2 yrs. ..... mos. ..... ds.

89

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Rush Turner, M. D.
Sept 6th, 1930 (Address) 1251 Blackstone 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
Bellefontaine Cem	Sept 11th 1930
20. UNDERTAKER C. R. Lupton	ADDRESS 4449 Olive