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

Do not use this space.

19258

File No.
Registered No. 189

1. PLACE OF DEATH
County St Louis
Township CRONDELET
City Lemay (No. 1111 St. Rose Hwy, St. Ward)
Registration District No. 1123
Primary Registration District No. 6248

2. FULL NAME Elizabeth McAndrew
(a) Residence. No. 5730 Etzel Ave 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: F.
4. COLOR OR RACE: W.
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) Feb. 29 - 1882
7. AGE: Years 49 Months 2 Days 18 If LESS than 1 day, ...hrs. or ...min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Stenographer
(b) General nature of industry, business, or establishment in which employed (or employer) 355
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER James McAndrew
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Anna Riley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Ester McAndrew
(Address) 5730 Etzel

15. Filed May 17, 1931 L. C. Obrot M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-17 1931
17. I HEREBY CERTIFY, That I attended deceased from 5-1, 1931, to 5-17, 1931, that I last saw her alive on 5-16, 1931, and that death occurred, on the date stated above, at 5:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic pulmonary tuberculosis
92A (duration) 6 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) tuberculous laryngitis
(duration) yrs. mos. ds.

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? tb in sputum; X ray
(Signed) L. M. Garner, M.D.
, 19 (Address) 6420 Dayton Rd.

*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 Calvary Cem. DATE OF BURIAL 5/20 1931
20. UNDERTAKER Arthur J Donnelly ADDRESS 2039 Park Ave

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.

JUN 29 1931