

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

Do not use this space.

7238

**1. PLACE OF DEATH**

County St. Louis Registration District No. 116.0  
 Township Central Primary Registration District No. 4470  
 City Clayton Mo. No. 7318 Forsythe Pl.  
University City

File No. ....  
 Registered No. 21 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 7318 Forsythe St. .... Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 2 mos. 2 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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Howard Andrews</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sep. 15, 1867</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>4</u>
	DAYS <u>23</u>	IF LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Zanesville Ohio</u>	
FATHER	13. NAME <u>Thomas French</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Zanesville Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Zanesville Ohio</u>	
17. INFORMANT (ADDRESS)	<u>Mrs. Grace Bellmann 7318 Forsythe Pl.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE (ADDRESS)	<u>Zanesville, Ohio DATE Feb. 7, 1933</u>	
19. UNDERTAKER (ADDRESS)	<u>Bergschmidt Co. 3661 Washington Pl.</u>	
20. FILED	<u>Feb 7, 1933 Lena D. Maguire Registrar.</u>	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/9/33, 19

22. I HEREBY CERTIFY, That I attended deceased from 2/1/33, 19, to 2/7/33, 19. I last saw him alive on 2/6/33, 19. Death is said to have occurred on the date stated above, at 2:00 a.m. The principal cause of death and related causes of importance were as follows:

Congestive Heart failure  
Myocarditis chronic  
arteriosclerosis  
Senility

Other contributory causes of importance:

Name of operation none Date of none  
 What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury ....., 19. Where did injury occur? none (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none  
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify..... (Signed) Thomas Miller, M. D. (Address) 1035 Main St.

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.

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