

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

Do not use this space.

18343

1. PLACE OF DEATH

County..... Registration District No. *731*
 Township..... Primary Registration District No. *38*
 City *St. Louis* (No. *5786²*, *M^cPherson*) St. *4584* Ward) *5*

2. FULL NAME *Thomas J. Admire*

(a) Residence, No. *5786²* *M^cPherson* St., *5* Ward. (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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Jane*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 14, 1864*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
69 2 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Carpenter*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Self*

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) *Manfield Mo.*

13. NAME *Ben Franklin Admire*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*

15. MAIDEN NAME *Margaret Elston*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*

17. INFORMANT *Ethel R. Admire* (ADDRESS) *5786² M^cPherson*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Ethelton Mo.* DATE *May 25, 1933*

19. UNDERTAKER (ADDRESS) *Division L + 910*
2707 Grand Bl

20. FILED *23 11 19* *J. F. Bredeck* Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 23, 1933*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 15th*, 19*31*, to *May 23*, 19*33*
 I last saw him alive on *Apr. 10*, 19*33*. Death is said to have occurred on the date stated above, at *9:30* pm.
 The principal cause of death and related causes of importance were as follows:

926
Myocardial stenosis 19*25*
Hypertension 19*28*
Other contributory causes of importance:
Emphysema since Birth
Anaemia 19*27*

Name of operation *None* Date of.....
 What test confirmed diagnosis? *Physical & Laboratory* Autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *No*
 If so, specify.....
 (Signed) *Ethel R. Admire*, M. D.
 (Address) *2475 N. Grand Bl*

CAUSE OF DEATH in plain terms, so that it may be properly understood

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1
2
2

