

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.

APR 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County
Township
City St. Louis No. City Ward

Registration District No. 791
Primary Registration District No. 1003

File No. 10460
Registered No. 2269
St. 1 Ward

2. FULL NAME

(a) Residence, No. 1905 Wase Renfro St. 71R Ward. Springdale Mo
(Usual place of abode)

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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Olivia Renfro

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 11 2

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

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) Edalia Mo

13. NAME Andrew Renfro

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Lucille Renfro

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

17. INFORMANT (ADDRESS) Wase Renfro

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodruff DATE 3-7-34

19. UNDERTAKER (ADDRESS) W. H. Bredbeck

20. FILED 5 19 34 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/4 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/13, 1934, to 3/4, 1934
I last saw him alive on 3/4, 1934. Death is said to have occurred on the date stated above, at 7:55 m.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia
Pericardial Aneurysm
Date of onset 3-4-34

Other contributory causes of importance:
105 lbs
710

Name of operation Date of
What test confirmed diagnosis? Chemical Was there an 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?
If so, specify
(Signed) Arthur A. Jones M. D.
(Address) 1515 Lafayette

