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.

File No. 21722
Registered No. 59

1. PLACE OF DEATH

County St. Louis — Registration District No. 788
Township Central [illegible] — Primary Registration District No. 4471
City Brentwood [illegible] (No. 8939 Litzsinger Road St. Ward)

2. FULL NAME Andrew Fyfe Hume

(a) Residence, No. 8939 Litzsinger Road St., 1st. Ward. (Usual place of abode) — (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. 3 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)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR WIFE OF)~~ Kitty Clanin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 9, 1875

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
58	7	29	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholsale Plant & yard

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Troy, Rensselaer County, New York State

FATHER

13. NAME Joseph Hume

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) - - - - - - Scotland

MOTHER

15. MAIDEN NAME Mary Keenan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) - - - - - - Scotland

17. INFORMANT (ADDRESS) Mrs. Kitty Hume 8939 Litzsinger, Brentwood, Mo.

18. BURIAL, ~~[illegible]~~ Oak Hill Cemtery
PLACE Kirkwood, Mo. DATE June 11, 1934

19. UNDERTAKER (ADDRESS) McLaughlin Undertaking Co. Webster Groves, Missouri.

20. FILED 6-9 1934 Jules R. Yore Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1934, to June 8, 1934
I last saw him alive on June 7, 1934 Death is said to have occurred on the date stated above, at 4.05 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	May 29 1934
24 B	
87	
102	

Other contributory causes of importance: Hypotension, arterio sclerosis, general

Name of operation none Date of —
What test confirmed diagnosis? laboratory 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) Milo J. Heideman M. D.
(Address) 333 Metropolitan Bldg —