

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.

MAR 2 5 1935

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

Do not use this space.

6910

1. PLACE OF DEATH

County St Louis Registration District No. 27 Vandeventer Pl.
 Townshp St Louis Primary Registration District No. 27 Vandeventer Pl.
 City St Louis (No. 27 Vandeventer Pl.) St. 27 Vandeventer Pl. Ward 27 Vandeventer Pl.

File No. 1315
 Registered No. 1315

2. FULL NAME

(a) Residence, No. 27 Vandeventer Pl. 19 Ward 27 Vandeventer Pl.
 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 8-1863</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>2</u>	DAYS <u>27</u>
IF LESS than 1 day,hrs. ormin.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</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) <u>St Louis</u> (STATE OR COUNTRY) <u>mo</u>		
FATHER	13. NAME <u>George Franklin Tower</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Mass</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Martha A. Smith</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Mass</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Eugene Pettus</u> (ADDRESS) <u>4949 Pershing Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellefontaine</u> DATE <u>Feb 8th 1935</u>		
19. UNDERTAKER <u>Wagoner</u> (ADDRESS) <u>3621 Alvin</u>		
20. FILED <u>FEB -6 1935</u> <u>J. F. Biedeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1925, to Feb 5, 1935

I last saw h. or alive on Jan 4, 1925. Death is said to have occurred on the date stated above, at 1 A. M.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion
Hypertension
 Date of onset Feb 5 1935

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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) Albert E. Tausner, M. D.
 (Address) 2770 Washington

Mr. Albert E. Johnson
3720 Broadway, N.Y. City