

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

JUL 12 1935

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

Do not use this space.

21236

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1008**
City **St. Louis** (No. **Missouri Baptist Hospital** St. Ward) (If nonresident, give city or town and State)

2. FULL NAME

(a) Residence, No. **635 W Polo Drive** Ward. **Clayton Mo.**
(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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF **Geo Peyton Andrews**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 27 - 1867**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67. 5 15

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

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
at home

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo**

13. NAME **Tom H. Ettore**

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

15. MAIDEN NAME **Clara Oyster**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown Pa.**

17. INFORMANT (ADDRESS) **Peyton Andrews 4946 Washington**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **Bellfontaine, Mo. 6-15-35**

19. UNDERTAKER (ADDRESS) **C. R. Lupton Sons 4449 Olive Street**

20. FILED **JUN 13 1935** Registrar **J. Brebeck**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 12, 1935**

22. I HEREBY CERTIFY That I attended deceased from **June 5th**, 1935, to **June 12th**, 1935. I last saw him alive on **June 12th**, 1935. Death is said to have occurred on the date stated above, at **6:15 P.M.**

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

Myocardial infarction with bronchopneumonia

Date of onset **one year ago**

Other contributory causes of importance: **92a**

Name of operation Date of
What test confirmed diagnosis? **chest** 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 **6**, 19.....

Where did injury occur? **at home** (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? **Yes**

If so, specify **Frank T. Davis** M. D.

(Address) **670 Union Club Bldg**

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.

NO - Frank S. Davis
Univ. Club Bldg 2-4 P.M.
je 4130