JAN 13 1936

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

Do not use this space.

41803

File No. 11052

Registered No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City ST LOUIS MO (No. 4244A W. COOK AVE St. Ward)

2. FULL NAME BASSIE TANDY

(a) Residence, No. 4244A W. COOK AVE St., 11 Ward.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
FEMALE	COL	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF GEO TANDY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 13TH 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	7	11	

23

OCCUPATION

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

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

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) TENN

FATHER

13. NAME ROBERT SHARP

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

MOTHER

15. MAIDEN NAME MARY MARSHALL

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

17. INFORMANT GEO TANDY
(ADDRESS) 4244A. W. COOK

18. BURIAL, CREMATION, OR REMOVAL
PLACE WASHINGTON PARK DATE DEC. 28, 1935

19. UNDERTAKER A. L. Beal und Co
(ADDRESS) 2726 Lucas ave

20. FILED DEC 28 1935, 19 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/26, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/26, 1935, to 12/26, 1935, 19..

I last saw him alive on 12/26, 1935, 19.. Death is said to have occurred on the date stated above, at 5:40 m.

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

	Date of onset
Chronic Myocarditis	28 yr
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? NO 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) J. H. Mills, M. D.

(Address) 5520 Jefferson

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.

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

100M-2-28-35