

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 11 1936

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

Do not use this space.

12747

1. PLACE OF DEATH

County Registration District No. **791**
Township **St. Louis** Primary Registration District No. **1003** File No.
City **St. Louis** (No. **Missouri Baptist Hosp.**) Registered No. **2796** Ward)

2. FULL NAME

(a) Residence, No. **5659 Bartmer St.** Ward **5**. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Joseph P. Condow**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 13th 1862**
7. AGE YEARS **73** MONTHS **5** DAYS **—** IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **at Home**
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) **Randolph N. York**

MOTHER 13. NAME **Charles Kautz**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Jane Shepherd**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Wisconsin**

17. INFORMANT (ADDRESS) **George E. Howard 5659 Bartmer Ave**

18. BURIAL, CREMATION OR REMOVAL PLACE **Buffalo N. Y.** DATE **March 15 1936**

19. UNDERTAKER (ADDRESS) **C. P. Lupton and Sons 4117 Olive St.**

20. FILED **MAR 13 1936** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar 13 1936**
22. I HEREBY CERTIFY, That I attended deceased from **Mar 5**, 19**36**, to **March 12**, 19**36**
I last saw h. e. alive on **Mar 12 20**, 19**36** Death is said to have occurred on the date stated above, at **12:30 a.m.**
The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia **3/9/36**
Other contributory causes of importance: **Ch. arteriosclerosis** **about age**
hypertension
no

Name of operation Date of
What test confirmed diagnosis? 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? **no**
If so, specify
(Signed) **John Hangan, Jr.** M. D.
(Address) **5830 Lyman St.**

Dr. H. L. Langan

5803 Plymouth

Oct 0220

11-12 am