SEP 15 1936

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

Do not use this space.

32761

File No.

Registered No. 8638

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 2731, Pine St. ..... Ward)

2. FULL NAME Jennie Andrews

(a) Residence, No. 2731 Pine St., 21 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	Negro	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Neil Andrews

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
About	52			

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Black Jack (STATE OR COUNTRY) Missouri

FATHER

13. NAME Samuel Jackson

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

MOTHER

15. MAIDEN NAME Ella Jackson Nee Jackson

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

17. INFORMANT Mary Brown (ADDRESS) 2919 Washington Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cem. DATE Aug. 20, 1936

19. UNDERTAKER A. Russell Und. Co. (ADDRESS) 2732 Pine Street

20. FILED AUG 20 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-17- 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1- 1936, to Aug. 17- 1936

I last saw her alive on Aug 17- 1936. Death is said to have occurred on the date stated above, at 3P m.

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

	Date of onset
Scirrhous Cancer of the Stomach	7-1-36
Other contributory causes of importance: Gastralgia	7-1-36

Name of operation — Date of —

What test confirmed diagnosis? Symptoms 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) L. E. Vincent, M. D.

(Address) 2336a Market

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.

(50M-3-28-35)