

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.

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

Do not use this space.

JAN 20 1937

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. No. City Hospital No. 2Registration District No. 791Primary Registration District No. 1008File No. 46973Registered No. 12796

St. Ward

2. FULL NAME

Andrew Black(a) Residence, No. 2205 Delmar 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 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 11, 1864</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>6</u>	DAYS <u>12</u>
IF LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Nil</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) (STATE OR COUNTRY) Miss.13. NAME Charlie Eangford14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.15. MAIDEN NAME Harriet Nealy16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.17. INFORMANT Ruby Perdeau
(ADDRESS) 2945 Lawton Ave.18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Dec 31 193619. UNDERTAKER Peoples Undertaking Co
(ADDRESS) 3122 Franklin Ave20. FILED DEC 29 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-23, 193622. I HEREBY CERTIFY, That I attended deceased from 12-8- 1936, to 12-23- 1936I last saw him alive on 12-23- 1936 Death is saidto have occurred on the date stated above, at 10:10 P. M.

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

Hypertensive Heart DiseaseDate of onset
12-8-
36Other contributory causes of importance:
95%

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?..... 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) W. L. Lewis, M. D.(Address) 2945 Lawton Ave.

