

MAR 5 - 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County St LouisRegistration District No. 791Township St LouisPrimary Registration District No. 1003City St Louis(No. 4452)GarfieldFile No. 8671Registered No. 2132

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. 4452 Garfield 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 67 yrs. 5 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Tyndal6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17 - 18697. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
67 5 28. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Houseworker9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 112. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo.13. NAME Sous Brewers14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma15. MAIDEN NAME Carolyn Marshall16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT (ADDRESS) Lutha Tyndal 41048 Ewing St.18. BURIAL, CREMATION, OR REMOVAL PLACE St Peters DATE Feb 19 193719. UNDERTAKER (ADDRESS) Peoples Ind. Co. 2100 Franklin Ave20. FILED FEB 21 1937 J. H. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19 193722. I HEREBY CERTIFY, That I attended deceased from 2/16, 1937, to 2/19 37I last saw him alive on 2/14/37 Death is saidto have occurred on the date stated above, at 10:00 AM

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

epoplexy Date of onset 2/14/37Other contributory causes of importance: Chron Nephritis about 3 yrsName of operation No Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. H. Bredeck, M. D.(Address) 2136 Chaffin

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.

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