

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

City **St. Louis, Mo.**(No. **1003**)City Hospital No. **21003**File No. **10573**Registered No. **3147**

St. Ward)

2. FULL NAME **Andrew Emory**(a) Residence, No. **2018 Franklin** 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

Male

4. COLOR OR RACE

Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

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

July 20, 1891

7. AGE

YEARS **45**MONTHS **7**DAYS **27**

If LESS than 1 day, hrs. or min.

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

Laborer

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

common

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)

Unknown

13. NAME

Unknown

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

Unknown

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT (ADDRESS)

**Ruby Perdeau
2945 Lawton Ave.**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Pineville, Ark** DATE **March 23, 1937**

19. UNDERTAKER (ADDRESS)

**J. J. James & P. Campbell
729 39th Wash # 2881**

20. FILED

MAR 22 1937

19

**J. F. Bredeck
Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar. 17 - 1937**22. I HEREBY CERTIFY, That I attended deceased from **Mar. 11, 1937 to Mar. 17, 1937**I last saw him alive on **Mar. 17, 1937** Death is saidto have occurred on the date stated above, at **6:05 p. m.**

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

CEREBRAL APOPLEXYDate of onset **Mar 11-37**

Other contributory causes of importance:

None

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) **A. L. Lennie**, M. D.(Address) **2945 Lawton Ave.**

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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