

JUN 12 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 Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **1003**) Enroute, City Hospital #2 St. Ward)

File No. **17934**
Registered No. **4510**

2. FULL NAME **Andrew White Jr.**

(a) Residence, No. **4125 Olive** St. **19** Ward. **9**
(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 **Male** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 1/2 Yrs. **65**

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Janitor**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Apartment**
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) **St. Louis Mo.**

FATHER 13. NAME **Andrew White**

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

MOTHER 15. MAIDEN NAME **Ellen Watkins**

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

17. INFORMANT **Ida Townsend** (ADDRESS) **3307 Laclede**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Father Dickson** DATE **5/1/37**

19. UNDERTAKER **E. L. Garner** (ADDRESS) **2829 Washington Blvd.**

20. FILED **MAY 1 1937** **J. J. Predeck** Registrar.

No Physician in Attendance
MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4/28/1937**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at **11:15 a.m.**

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

Cerebral Thrombosis
Hypertensive Heart Disease
Date of onset

Other contributory causes of importance:
None

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 **11**

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify

(Signed) **Joseph M. Zeeun, M.D.**
(Address) **Secretary Lane**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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