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

REC'D APR 12 1939

8556
Do not use this space.
2321

1. PLACE OF DEATH

(a) County ..... 2 Registration District No. 791

(b) Township ..... Primary Registration District No. ..... 1003 Registered No. .....

(c) or City St. Louis, Mo. (d) Street No. 1721 Belleglade Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

530

2. PRINT FULL NAME David Dandy

(a) Residence, No. 1721 Bellglade Ave. St. 11
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Colored	Married

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	About 53	—	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Laborer
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) Houston, Texas

FATHER
13. NAME Tom Dandy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Houston, Texas

MOTHER
15. MAIDEN NAME Lucy Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Houstom , Texas

17. INFORMANT Florence Dandy
(ADDRESS) 1721 Bellglade Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters Cem. DATE March 11th 1939

19. FUNERAL DIRECTOR (NAME) A. L. Beal Und. Co.
(ADDRESS) 2726 Lucas Ave.

20. FILED APR 11 1939 19 J. F. Budeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/6/39 , 19

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 8:45 PM. m.

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

	Date of onset
Gastric Cancer; Chronic Myocarditis;	
Oedema of Brain;	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) [signature], M. D.

(Address) [signature]

(Licensed Embalmer's Statement on Reverse Side)

WHITE 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.

P I X16605

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ William C. McDowell, Registered Apprentice No. _____ working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address 3506 Franklin Av

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.