

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.

21232

1. PLACE OF DEATH

County.....

Registration District No. 75

Township.....

Primary Registration District No. 1003

City St. Louis

(No. 4705 Margaretta Ave

File No.

Registered No. 6097

St. Ward

2. FULL NAME

Andrew P. Mystem

(a) Residence. No. 4705 Margaretta Ave Ward.

(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

White

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

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Bessie Mystem

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

July 11 1858

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

71

11

11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Bookkeeper (retired)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Sweden

10. NAME OF FATHER

Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Sweden

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Sweden

14.

INFORMANT

Mrs. Adolph Ekstrand

(Address)

4705 Margaretta Ave

15.

FILED

1930

Max V. Starnitz

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

June 22 1930

17.

I HEREBY CERTIFY, That I attended deceased from

June 13th, 1930, to June 22nd, 1930.

that I last saw him alive on June 22nd, 1930, and that

death occurred, on the date stated above, at 1:10 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial degeneration, chronic
131

92A (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Nephritis, chronic interstitial

(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

clinical

(Signed)

Carl Altman M. D.

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(Address)

4501 Easton Av.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Oak Grove Cem.

6-24 1930

20. UNDERTAKER

ADDRESS

Geo. L. Pleitsch

5966 Easton Ave

4361 Eastern.

9 to 10

Del 3668