

## MISSOURI STATE BOARD OF HEALTH

Do not use this space.

JUL 8 - 1937

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

918 No. Theresa Ave

## 1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**City **St. Louis** (No. ....)File No. **22209**Registered No. **5961**

St. .... Ward)

2. FULL NAME **Angie Josephine Tindell**(a) Residence, No. **918 No. Theresa Ave** St. **19** Ward. **1**

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **Col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Alexander Tindell**6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct 18 1870**7. AGE YEARS **66** MONTHS **7** DAYS **28** If LESS than 1 day, ..... hrs. or ..... min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Janitress**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **U. S. Gov**

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) **Shelby Co Tenn**13. NAME **Robert Hines**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Shelby Co Tenn**15. MAIDEN NAME **Helen Harris**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Shelby Co Tenn**17. INFORMANT **Robert Ford** (ADDRESS) **4259a Kenniferly Ave**18. BURIAL, CREMATION, OR REMOVAL PLACE **Greenwood** DATE **June 20th 1937**19. UNDERTAKER **Jas. H. Randle & Son** (ADDRESS) **920 No. Leonard Ave**20. FILE **JUN 18 1937** **J. F. Bredeck** Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 16th 1937**22. I HEREBY CERTIFY, That I attended deceased from **June 15th 1937 to June 16th 1937**I last saw him alive on **June 11th 1937** Death is said to have occurred on the date stated above, at **12** min.

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

**Cerebral Haemorrhage** Date of onset **6-14-37**Other contributory causes of importance: **Arterio Sclerosis**Name of operation **no** Date of .....What test confirmed diagnosis? **Usual** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? .....

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) **William Baron**, M. D.(Address) **3601 S Jefferson**

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.

