JAN 23 1936

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

Do not use this space.

40956

1. PLACE OF DEATH
County St Louis — Registration District No. 190 — File No.
Township — Primary Registration District No. 6033a — Registered No. 864
City Clayton (No. St Louis County Hosp St. Ward)

2. FULL NAME Orie Orie C Tandy
(a) Residence, No. 733 Catalpa St., Ward. Webster Groves Mo
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Robert C. Tandy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 29, 1857

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
78	2	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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 William Carr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Caroline Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Mrs Marshall Gibson (ADDRESS) 733 Catalpa Ave W.G.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE 12/20/1935

19. UNDERTAKER Aron L & Co. (ADDRESS) 2707 N Grand Blvd

20. FILED 12-18 1935 Dr A J Iguanelli Registrar.

1/22

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1935, to Dec 18, 1935
I last saw h... alive on Dec 18, 1935 Death is said to have occurred on the date stated above, at 9:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Lobar Pneumonia	5 D

Other contributory causes of importance:
Fracture Neck of Rt Femur
Cerebral Arteriosclerosis

OVER

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? ...
If so, specify ...

(Signed) ... M. D.
(Address) St Louis County Hosp Clayton Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

This deceased tripped on a piece of linoleum at their home May 6th 1935, sent to hosp. 5/8/1935 and expired on date stated above.

Luke B. Tiernon MD Coroner