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.

MAR 24 1934

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 File No. 6693

Township ..... Primary Registration District No. 1003 Registered No. 1542

City St. Louis (No. De Lage Hosp. St. ..... Ward)

2. FULL NAME Edward R. Andler.

(a) Residence, No. ~~De Lage Hospital~~ NR Ward. Lyndhurst N.J.
(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.

A. PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male.
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cecilia Andler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 23, 1866.

7. AGE YEARS 67. MONTHS 3. DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Mdse
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation Self.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glascow Mo.

FATHER
13. NAME Charles Andler.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France.

MOTHER
15. MAIDEN NAME Frances Rinehart.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Robt Andler, #17 Stuyvesant Ave. Lyndhurst N.J.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia, Mo DATE 2-14-, 1934

19. UNDERTAKER (ADDRESS) O.R. Lupton & Sons, #4449 Olive Street

20. FILED ..... 19 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1933, to Feb 13, 1934

I last saw him alive on 2-12, 1934 Death is said to have occurred on the date stated above, at 1:30 A.m.

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

Carcinoma of liver
amoebic dysentery
erysipelas

Date of onset

Other contributory causes of importance:
46
1 2 3
1 5 6

Name of operation Exploratory Date of Jan 3-34

What test confirmed diagnosis? Findings 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 .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) W. R. McIntyre, M. D.

(Address) 1215 Ms Theatre Bldg St Louis Mo

Ge #6646.
Je. 5L-18