

NOV 15 1937

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

35767
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **City Hospital No. 1** Registered No. **9344**
(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.
C. 9622

2. PRINT FULL NAME

Edward H. Andre
(a) Residence, No. **3217 Olive** St. **21**
(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 **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 **ANNA ANDRE**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 26 1869**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 2 10
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. **Main. Man**
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, Missouri**
13. NAME **George Andre**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **France**
15. MAIDEN NAME **Louise Holscher**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**
Hosp. Info M. Kent
17. INFORMANT (ADDRESS)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10/5/37** 19
22. I HEREBY CERTIFY, That I attended deceased from **10/1/37** 19... to **10/5/37** 19...
I last saw him alive on **10/5/37** 19... Death is said to have occurred on the date stated above, at **3 p** m.
The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

107a

Other contributory causes of importance:
Hyperthymia of prostate
epitelia (Ca. glandula)

Date of onset **10/1/37**
Aug 37
Sept 29, 37

Name of operation **none** Date of _____
What test confirmed diagnosis? **clinical** 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?
If so, specify _____
(Signed) **Thos. W. Soamy**, M. D.
(Address) **City Hospital No. 1**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Zion** DATE **Oct 7** 19**37**
19. FUNERAL DIRECTOR (ADDRESS) **Parkey Underw**
Webster Cross
J. Bredeck
20. FILE NO. **1861 9 130**
Local Registrar.

WRITE 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.

83537
1937-10-1

1 X12004

STATEMENT BY LICENSED EMBALMER

I, C. C. Aldrich, Licensed Embalmer No. 1332

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed C. C. Aldrich

Licensed Embalmer No. 1332

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)¹⁰