

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.

NOV 15 1937

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

36108
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City (d) Street No. **DePaul Hospital** St.
 (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.

2. PRINT FULL NAME

Frank Andrews.

(a) Residence, No. **5611 Bartmer Ave.** St. **5**
 (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) **Married.**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Helen Cousins Andrews.**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 16, 1884**
 7. AGE YEARS **53** MONTHS **3** DAYS **1** If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Agent**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Butchers Scales**
 10. Date deceased last worked at this occupation (month and year) **Sept. 1937** 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 17, 1937**
 22. I HEREBY CERTIFY That I attended deceased from **September 10, 1937, to October 17, 1937**
 I last saw him alive on **October 16, 1937** Death is said to have occurred on the date stated above, at **8.45 A.M.**
 The principal cause of death and related causes of importance were as follows:
Tumor of the Brain
Malignant
53C
 Other contributory causes of importance:
Branchopneumonia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Louville, Kentucky**

13. NAME **Robert Andrews**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Louville; Kentucky**

15. MAIDEN NAME **Hattie**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ronake Virginia**

17. INFORMANT (ADDRESS) **Mrs. Helen Andrews, 5611 Bartmer Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine Cemetery Oct 19, 37**

19. FUNERAL DIRECTOR (ADDRESS) **Bureau Dehaene 1138 706 404**

20. FILED **OCT 18 1937 J. T. Bredek Local Registrar.**

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? **No**
 If so, specify

(Signed) **Arthur W. Thompson** M. D.

(Address) **512 1242 Missouri State**

STATEMENT BY LICENSED EMBALMER

I, Larry M. White, Licensed Embalmer No. 3973

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 Larry M. White
Licensed Embalmer No. 3973

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.)