

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

8704
Do not use this space.

REC'D APR 1 1938

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City..... (d) Street No. 2109 N. 13th St. rear.
 (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.

791

1003

Registered No. **2293**

2. PRINT FULL NAME

Elizabeth B. Seep Andre. 536
 (a) Residence, No. 2109 N. 13th St. rear St. **26**
 (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 Female 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 Robert L. Andre
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22, 1870
 7. AGE YEARS 67 MONTHS 11 DAYS 14 IF LESS than 1 day, hrs. or min.

OCCUPATION 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. Housework.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri.

FATHER 13. NAME Fred Chas. Herrling
 14. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Louise Raeder
 16. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

17. INFORMANT Robert L. Andre
 (ADDRESS) 2109 N. 13th St. rear

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Pickers Cemetery Mch 9 1938

19. FUNERAL DIRECTOR Bennet Dehane
 (ADDRESS) 1138 26th St

20. FILE **MAR 7 1938** J. P. Brudeck
 (Local Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6th 1938
 22. I HEREBY CERTIFY, That I attended deceased from 1-14, 1938, to 3-6, 1938.
 I last saw her alive on 3-4, 1938. Death is said to have occurred on the date stated above, at 7:54 a.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 1936
Arteriosclerosis
Heart Atrophy
 Other contributory causes of importance:
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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) H. R. Keffler, M. D.
 (Address) 1543 21st St. St. Louis, 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.

STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.
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.....
Licensed Embalmer No.

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.)