

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

De Poe
16160
State File No. _____
Registrar's No. 702

Registration District No. 704 Primary Registration District No. 700

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Rural, Bonhomme Twpsh.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Schoettler Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community About 63 years, (Specify whether years, months or days)

8. (a) PRINT FULL NAME Edward Andrae, 536
8. (b) If veteran, name war none 8. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased About 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 63 hr. min.

9. Birthplace St. Louis Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation None. (Deaf & dumb.)

11. Industry or business _____

MOTHER FATHER
12. Name Sam Andrae
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Lena Gruebe,
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant George Mertz,
(b) Address Chesterfield, Mo.

17. (a) Rural (b) Date thereof Apr. 11, 40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place of burial or cremation St. John Cem. Manchester, Mo.

18. (a) Signature of funeral director Schnieder Funeral Home,
(b) Address Ballwin, Mo.

19. (a) APR 10 1940 (b) E. R. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis,
(c) City or town Rural, (Chesterfield, Mo. R.R.)
(If outside city or town limits, write "RURAL")
(d) Street No. Schoettler Rd.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 9
year 1940 hour 12 minute 10 P.M.

21. I hereby certify that I attended the deceased from September 8, 1932, to April 9, 1940
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death High Lites

Due to Insufficient age

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations none
Of autopsy none

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. L. DeFor (M. D. or other) _____
Address Chesterfield Date signed 4-12-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

132K

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____ Registered Apprentice No. _____
working under my personal supervision.

Signed Theo Schrader

Licensed Embalmer No. 3066

P. O. Address Dallwin, Ill

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.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16160

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 7021

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town.....
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Edward Andrew

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced.....

6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if alive..... year.....

7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years 63 Months Days If less than one day..... min.

9. Birthplace..... (City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name.....
13. Birthplace..... (City, town, or county) (State or foreign country)
14. Maiden name.....
15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof..... (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) 4-10-40 (b)..... (Registrar's signature) De

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town..... (If outside city or town limits write "RURAL")
(d) Street No..... (If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

20. DATE OF DEATH: Month Apr. day 4 year 40 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....; that I last saw h..... alive on..... 19..... and that death occurred on the date and hour stated above.

Immediate cause of death: Nephritis Chronic
Due to.....
Due to Infirm of age
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature J. L. DeBee (M. D. or other)

Address Phosphorville Mo Date signed.....

SUPPLEMENTARY

