

No. 2  
4-13-40  
-17-39  
K23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **37344**

Registration District No. **791** Primary Registration District No. **1003** Registrar's No. **9617**

**FILED DEC 11 1940**

1. PLACE OF DEATH:  
(a) County: **Missouri.**  
(b) City or town: **St. Louis.**  
(c) Name of hospital or institution: **St. Marys Inf'**  
(d) Length of stay: **2 weeks 3 days.**  
In this community **For years.**

2. USUAL RESIDENCE OF DECEASED:  
(a) State: **Missouri** (b) County: **St. Louis**  
(c) City or town: **St. Louis**  
(d) Street No.: **3821 Windsor Place**  
If foreign born, how long in U. S. A.?: \_\_\_\_\_ years.

3. (a) PRINT FULL NAME: **Hattie Andrews.**  
3. (b) If veteran, name war: **No**  
3. (c) Social Security No.: **No.**

4. Sex: **Female** 5. Color or race: **Collord**  
6. (a) Single, widowed, married, divorced: **Widow.**  
6. (b) Name of husband or wife: **Deceased unknown**  
6. (c) Age of husband or wife if alive: \_\_\_\_\_ years  
7. Birth date of deceased: **Aug. 25. 1887**

8. AGE: Years **53** Months **2** Days **20.**  
If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: **Chamois Missouri.**  
10. Usual occupation: **House wife**

11. Industry or business: \_\_\_\_\_  
12. Name: **James Fucher.**  
13. Birthplace: **Unknown**  
14. Maiden name: **Unknown**  
15. Birthplace: **Unknown**

16. (a) Informant: **Dortha Andrews**  
(b) Address: **3821 Windsor Pl.**  
17. (a) **Buried** (b) Date thereof: **Nov. 25, 1940**  
(c) Place: burial or cremation: **Calvary Cemetery**

18. (a) Signature of funeral director: **Adams Undertaker.**  
(b) Address: **3821 Windsor Pl.**  
19. (a) **NOV 23 1940** (b) **J. F. Dredel**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **11th** day **20th** year **1940** hour **4** minute **12 A.**  
21. I hereby certify that I attended the deceased from **11-3-40** to **11-20-1940**  
that I last saw her alive on **11-20-1940** and that death occurred on the date and hour stated above.

Immediate cause of death: **Hypertensive cardio-vascular disease**  
Due to: \_\_\_\_\_  
Due to: \_\_\_\_\_  
Other conditions: \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: **cardiac hypertrophy, pulmonary edema**

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?: \_\_\_\_\_  
(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: **E. Davis** (M. D. or other) **MD**  
Address: **St. Louis, Missouri** Date signed: **11-22-40**

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

**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.....

Licensed Embalmer No. *2963*

P. O. Address *2915 Franklin*

**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, fact should be so stated above.**