

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18945

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 1102

1. PLACE OF DEATH:

St. Louis

- (a) County St. Louis
 - (b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
 - (c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
 - (d) Length of stay: In hospital or institution 6 days
(Specify whether
- In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County St. Louis
- (c) City or town South Kinloch
(If outside city or town limits, write "RURAL")
- (d) Street No. Old Folks Home
(If rural, give location)
- (e) Citizen of foreign country? no (Yes or No)
If yes, name country /

MEDICAL CERTIFICATION

- 20. DATE OF DEATH: Month May day 23
year 1941 hour 8 minute 25 P.M.
- 21. I hereby certify that I attended the deceased from 5-17-41
to 5-23-41
that I last saw him alive on 5-23-41
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Cardiac Decomposition Duration 1 wk

Due to Arteriosclerotic Heart Disease Type yes

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations marked sclerosed

Of autopsy marked sclerosed
arteriosclerosis

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? 701 (Specify type of place)
(e) Means of injury _____

23. Signature W. Beethall (M. D. or other) 0
Address St. Louis Co. Mo. Date signed _____

- 3. (a) PRINT FULL NAME Willie Andrews
- 3. (b) If veteran, name war unknown
- 3. (c) Social Security No. unknown

- 4. Sex male 5. Color or race colored 6. (a) Single, widowed, married, divorced widower
- 6. (b) Name of husband or wife Ida Morris Andrews 6. (c) Age of husband or wife if alive _____ years
- 7. Birth date of deceased Jan. 16 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>4</u>	<u>7</u>	_____ hr. _____ min.

- 9. Birthplace Eureka Mo.
(City, town, or county) (State or foreign country)
- 10. Usual occupation nil.

- 11. Industry or business _____
- 12. Name Jack Andrews
- 13. Birthplace unknown Va.
(City, town, or county) (State or foreign country)
- 14. Maiden name Bell Griffin
- 15. Birthplace Eureka Mo.
(City, town, or county) (State or foreign country)

- 16. (a) Informant Arthur S. Andrews
- (b) Address 4627 W. Belle Pl.
- 17. (a) Burial (b) Date thereof 5/27/41
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: burial or cremation Washington Park
- 18. (a) Signature of funeral director C. W. Roberts
- (b) Address 3035 Lucas Ave
- 19. (a) MAY 26 1941 (b) R. Meyer
(Date received local registrar) (Registrar's signature)

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.....

P. O. Address.....

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.