

FILED DEC 29 1942 218
Registration District No.

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
5345^A EASTON AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Joseph Andro
3. (b) If veteran, name war.....
3. (c) Social Security No.....

4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced, MARRIED
6. (b) Name of husband or wife Bessie Andro
6. (c) Age of husband or wife if alive..... years (Day) (Year)
7. Birth date of deceased.....
(Month) (Day) (Year) JULY 16th 1895

8. AGE: Years 47 Months 8 Days 5
If less than one day..... hr. min.

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

10. Usual occupation PAINTER

11. Industry or business PAINTING INDUSTRY

12. Name UNKNOWN

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

14. Maiden name.....

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

16. (a) Informant MRS. Bessie Andro

(b) Address 5345^A EASTON AVE

17. (a) BURIAL (b) Date thereof 12-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director SULLIVAN BROS

(b) Address 2849 N. Euclid Ave

19. (a) DEC 22 1942 (b) J. J. Budeak
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 5345^A EASTON
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 21st
year 1942 hour 4 minute 45^P M.

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

Immediate cause of death.....
Coronary Sclerosis
arteriosclerosis

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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) (Means of injury)

23. Signature W. J. Perry (M. D. or other).....

Address 1111th Brown Date signed 12/23/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Albert Mayfield

Licensed Embalmer No.

3077

P. O. Address

St. Louis, Mo.

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.