

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7257
Registrar's No. 2785

FILED APR 6 1945

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County.....
(b) City or town... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... lmo-8 days
(Specify whether
In this community... 75 years
years, months or days)

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. 1413 Monroe St.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME ROBERT ANDRE
3. (b) If veteran, name war... none
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 24th
year 1945 hour 10:15 PM minute 00 M.
21. I hereby certify that I attended the deceased from Feb 13-45
to 3-24-45, 1945
that I last saw h. alive on 3-24, 1945
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife... late Elizabeth Andre
6. (c) Age of husband or wife if alive... years
7. Birth date of deceased... June 6 1869
(Month) (Day) (Year)

Immediate cause of death Broncho pneumonia Duration
Due to 61
Due to

8. AGE: Years 75 Months 69 Days 9
If less than one day hr. 20 min.

Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

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

10. Usual occupation... none

PHYSICIAN
Major findings:
Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

11. Name of business... unknown

12. Name of informant... unknown

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

14. Name of informant... unknown

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

16. Informant... Mrs. Cecelia Andre
(b) Address 1413 Monroe St.

17. (a) Burial (b) Date thereof 3-30-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Valhalla Crematory
18. (a) Signature of funeral director... Hy. Leidner & Co.
(b) Address 2223 St. Louis Ave.

19. (a) MAR 28 1945 (Date received local registrar)
J. F. Medsker (Registrar's signature)

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... E. W. Cichanski (M.D. or other)
Address... 1515 Lafayette Date signed: 3/27/45

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

MOTHER FATHER

can't say if father
60-65-70-75-80-85-90-95-100-105-110-115-120-125-130-135-140-145-150-155-160-165-170-175-180-185-190-195-200-205-210-215-220-225-230-235-240-245-250-255-260-265-270-275-280-285-290-295-300-305-310-315-320-325-330-335-340-345-350-355-360-365-370-375-380-385-390-395-400-405-410-415-420-425-430-435-440-445-450-455-460-465-470-475-480-485-490-495-500-505-510-515-520-525-530-535-540-545-550-555-560-565-570-575-580-585-590-595-600-605-610-615-620-625-630-635-640-645-650-655-660-665-670-675-680-685-690-695-700-705-710-715-720-725-730-735-740-745-750-755-760-765-770-775-780-785-790-795-800-805-810-815-820-825-830-835-840-845-850-855-860-865-870-875-880-885-890-895-900-905-910-915-920-925-930-935-940-945-950-955-960-965-970-975-980-985-990-995-1000

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 *John P. Buchholz*.....

Licensed Embalmer No. *1674*.....

P. O. Address *2228 Soliman*.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. _____
Local Registrar's No. 2786

State of Mo. }
County of Bohr } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 9 day of April, 1945, before me appears _____, who, upon her oath, states that the original record of ^{birth} death for Robert Andre died March 26, 1945, in the State of Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

- Item No. 7 should read June 6 - 1875
Instead of _____
- Item No. 8 should read age 69 - 9 - 20
Instead of _____
- Item No. 16 should read Ms. Cecelia Andre
Instead of _____
- Item No. 20 should read March 26 - 1945
Instead of " 24 1945
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant Mrs. Cecelia Andre Informant
Relationship.
1413 Monroe
Present Address.

Subscribed and sworn to before me this 9 day of April, 1945

My Commission expires 3-4-49 Geo C Jaddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

#7431