

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED DEC 21 1945
 318

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
 1003

State File No. **38878**
 Registrar's No. **10825**

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:
City Isolation Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8-24-1945 to
(Specify whether
 In this community December 11, 1945.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5800 Arsenal Street
(If rural, give location)
 (e) Citizen of foreign country?.....
 If yes, name country.....

3. (a) PRINT FULL NAME Ivy Taylor Andrews
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Ernest Andrews
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased Nov. 24 1894
(Month) (Day) (Year)

8. AGE: Years 51 Months 0 Days 17
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Unknown

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

16. (a) Informant City Infirmary Records
 (b) Address 5800 Arsenal Street

17. (a) Cremation (b) Date thereof 12-14-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) DEC 12 1945 (b) J. Fredrick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 11-1945
 year..... hour 10 minute 10A. M.
 21. I hereby certify that I attended the deceased from August 24,
1945, to Dec. 11, 1945;
 that I last saw her alive on December 11, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Melanotic Carcinoma of the rectum
 Due to.....
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy Carcinomatous

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 John E. Helms (M. D. or other) M.D.
 Address 5000 Arsenal Date signed 12/14/45

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 Warren A. Carter
Licensed Embalmer No. 3534
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.