

FILED MAR 3 1947  
 318

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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

**1. PLACE OF DEATH:**  
 (a) County Saint Louis  
 (b) City or town Saint Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Homer G. Phillips Hospital 0  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 15 yrs  
 years, months or days)

**3. (a) PRINT FULL NAME** Samuel Andrews  
**3. (b) If veteran,** name war World War 1 **3. (c) Social Security** No. \_\_\_\_\_  
**4. Sex** Male 2 **5. Color or race** col. **6. (a) Single, widowed, married, divorced** married  
**6. (b) Name of husband or wife** Florence Andrews **6. (c) Age of husband or wife if** alive \_\_\_\_\_ years  
**7. Birth date of deceased** \_\_\_\_\_ 1899  
(Month) (Day) (Year)

**8. AGE** Years abt-48 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
**9. Birthplace** Florence Alabama  
(City, town, or county) (State or foreign country)  
**10. Usual occupation** Labor

**11. Industry or business** \_\_\_\_\_  
**12. Name** Unknown 9  
**13. Birthplace** U R K N O V V A U I R K N O V N  
(City, town, or county) (State or foreign country)  
**14. Maiden name** U R K N O V N  
**15. Birthplace** U R K N O V N M U R K N O V N  
(City, town, or county) (State or foreign country)  
**16. (a) Informant** Lena Andrews  
**(b) Address** 2611 Market Pl.  
**17. (a) Removal** Alabama, Tenn **(b) Date thereof** 2-20-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Florence, Alabama  
**18. (a) Signature of funeral director** J. F. Brudeck  
**(b) Address** Carroll St  
**19. (a) 5 20 1947** **(b)** J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town Saint Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1433 Cass Ave.  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Feb day 14<sup>th</sup>  
 year 1947 hour 6 minutes 20 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 Internal tumor of  
External tumor of  
Wound of right subclavian  
 Due to artery ruptured with a knife  
in the back of one Dallas  
DuPuyler, Cal., at the corner  
of Blair and Cass around 6:20  
 Other conditions P.M. Feb 13 1947  
(Include pregnancy within 3 months of death)

**PHYSICIAN**  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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) Homicide  
 (b) Date of occurrence Feb 13 1947  
 (c) Where did injury occur? St Louis  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place  
(Specify type of place) (e) Means of injury subclavian  
 While at work? no  
**23. Signature** Cliffed King (M. D. or other) 3  
 Address Carroll St Date signed 2/20/47

**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.**