

**FILED APR 8 1947**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3280**

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: City Sanitarium  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 yrs. 26 ds.  
(Specify whether years, months or days)

In this community 47 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 5400 Arsenal St.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME OLIVER ANDREWS

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced. Sgl.

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 8 1900  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>47</u>	<u>2</u>	<u>5</u>	hr. _____ min. _____

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

10. Usual occupation Newsboy

11. Industry or business \_\_\_\_\_

12. Name Mark Andrews

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

14. Maiden name Lizzie

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

16. (a) Informant Helma A. Singler

(b) Address 5400 Arsenal St.

17. (a) Anatomical Burial (b) Date thereof 3-19-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W. R. Kelly

18. (a) Signature of funeral director W. R. Kelly

(b) Address 3500 Rutledge

19. (a) Mar 28 1947 (b) J. F. Breckner  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13 year 1947 hour 8:47 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from May 1 1946 to March 13 1947  
that I last saw him alive on March 13 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia- right Duration 3 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 108  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy No

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? \_\_\_\_\_

(Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Paul P. Hartman (M. D. or other) \_\_\_\_\_

Address 5400 Arsenal St. Date signed 3/14/47

Handwritten initials: C.H. / B.J. / E

STATE OF MISSISSIPPI

DEPARTMENT OF HEALTH

EMBALMERS

PROBATION

RECORDS

**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.**