No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32291

Registration District No. 378 — Primary Registration District No. 1003 — Registrar's No. 3852

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: enroute to City Hospital 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: (Specify whether years, months or days)
In this community: 51 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No.: 2838 Ohio Ave. 9
(If rural, give location) 24

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: John D. Andrews

3. (b) If veteran, name war: none

3. (c) Social Security No.:

4. Sex: male

5. Color or race: White

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Vernia Andrews

6. (c) Age of husband or wife if alive: 46 years

7. Birth date of deceased: February 1st. 1896 (Month) (Day) (Year)

8. AGE: Years 51 | Months 7 | Days 20 | If less than one day ....hr. ....min.

9. Birthplace: Missouri 6
(City, town, or county) (State or foreign country)

10. Usual occupation: Carpenter

11. Industry or business:

MOTHER FATHER

12. Name: unknown

13. Birthplace: unknown 4
(City, town, or county) (State or foreign country)

14. Maiden name: Viola Sislee

15. Birthplace: Ark. 1
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Vernia Andrews

(b) Address: 2838 Ohio Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-26-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Hy. Leidner U. Co.

(b) Address: 2223 St. Louis Ave.

19. (a) SEP 22 1947 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 21st year 1947 hour 3:35 PM. minute ....M.

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

	Duration
Immediate cause of death: Coronary Occlusion	
Due to: Coronary Sclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause of which death should be charged statistically.

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: 3

23. Signature: [illegible] (M. D. or other)
Address: [illegible] Date signed: 9/22/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis Av

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.