No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 42820

FILED DEC 22 1947

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 11384

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: Enroute City Hospital 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Tennessee (b) County Shelby 999

(c) City or town Memphis 10
(If outside city or town limits, write "RURAL")

(d) Street No. NK 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 21

If yes, name country

3. (a) PRINT FULL NAME Billie Walter Andrews

3. (b) If veteran, name war No

3. (c) Social Security No. 412-09-8551

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased October (Month) 28 (Day) 1885 (Year)

8. AGE: Years 62 Months 1 Days 9 If less than one day hr. min.

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

10. Usual occupation Contractor

11. Industry or business

FATHER
12. Name W.W.Anderson
13. Birthplace (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Nancy Pickens
15. Birthplace (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant Mrs. Bertha Andrews
(b) Address 315 E.Main, Salem, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation Kinmundy, Ill.

18. (a) Signature of funeral director Albert H.Hoppe
(b) Address 4700 Washington Blvd.

19. (a) DEC 12 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7
year 1947 hour 7 minute 30 A 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.

Immediate cause of death Carcinoma of Neck

Due to Hypostatic Pneumonia

Due to

Other conditions
(Include pregnancy within 3 months of death) 55

Major findings:
Of operations

Of autopsy

Duration

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? 3
(Specify type of place)

While at work? (e) Means of injury

23. Signature Dr. Alfred J. Perry (M.D. or other) DDS.

Address Dep. Coroner Date signed 12/12/47

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

14,384

## 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 Ernest W. Spillard

Licensed Embalmer No. H080

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.**