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. 13820

FILED APR 30 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3763

WRITE PLAINLY—USING 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: Missouri Pacific 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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 9 4347 DeSoto Ave
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ANDREWS JOHN

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife Letitia Andrews nee Watts

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

7. Birth date of deceased November 19, 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	5	1	hr. min.

9. Birthplace Hamilton Canada 2
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Richard Andrews
13. Birthplace Unknown England 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Humphries
15. Birthplace London, Canada 2
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Reuben Cooper
(b) Address 4347 DeSoto Ave

17. (a) Burial (b) Date thereof 4/23/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Math Hermann & Son, Inc.
(b) Address 2161 East Fair Ave

19. (a) APR 21 1948 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr 20, 1948 day
year 3:05 hour AM minute M.

21. I hereby certify that I attended the deceased from 14 April 1948 1948 to 20 Apr 1948 1948; that I last saw him alive on 19 April 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	5 da.
Due to	
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 0

23. Signature Marvin T. Russell (M. D. ~~or other~~)

Address 1755 S Grand Date signed 4-20-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Glen W. Hatz

Licensed Embalmer No. 3737

P. O. Address 2161 Fair

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.