

FILED JUN 7 1948 61489  
Registration District No. **318**

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

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Louis City Hospital #1** **0**  
(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)

3. (a) PRINT FULL NAME **Manford EDWARD ANDRE**

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

4. Sex **Male** **0** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced, **Widower**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **October 4, 1871**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**76** **7** **17** hr. \_\_\_\_\_ min.

9. Birthplace **Maton, Illinois** **1**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Cook**

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

MOTHER FATHER { 12. Name **Edward Andre**  
13. Birthplace **Inkorn Penn.** **1**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mathilda Gibbs**  
15. Birthplace **Chillicothe, Ohio** **1**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Henrietta Strahl**  
(b) Address **2609 University St.**

17. (a) **Burial** (b) Date thereof **5/25/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Friedens Cemetery**

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

19. (a) **MAY 24 1948** (b) **J. F. Brudeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Gas**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2609 University St.**  
**20** (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAY** day **21st**  
year **1948** hour **5:40** minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from **4/9/48**  
\_\_\_\_\_, 19\_\_\_\_, to **5/21/48**, 19\_\_\_\_;  
that I last saw h. **im** alive on **5/21/48**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac decompenation + failure** Duration \_\_\_\_\_  
Due to **Arteriosclerotic heart disease**  
Due to **Generalized arterio sclerosis**

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
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) \_\_\_\_\_  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_  
23. Signature **John W. Koehler** (M. D. or other) \_\_\_\_\_  
Address **1515 Lafayette** Date signed **5/22/48**

**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. Hay

Licensed Embalmer No. 3737

P. O. Address 2161 E. 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.**