

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33876

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9311

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:
Homer G Phillips Hospital 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 Laura Andre

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

4. Sex F 3 5. Color or race Col 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Thomas 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased Oct 13th 1897
(Month) (Day) (Year)

8. AGE: Years 51 Months 0 Days 12 If less than one day hr. min.

9. Birthplace Citronelle Ala 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER
 12. Name unk G
 13. Birthplace unk unk 1
(City, town, or county) (State or foreign country)
 14. Maiden name Ella Warren
 15. Birthplace Citronelle Ala 1
(City, town, or county) (State or foreign country)

16. (a) Informant Alvin Andre
 (b) Address 1216 West End ave
 17. (a) Burial (b) Date thereof 10-30-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation father Dixon
 18. (a) Signature of funeral director J. H. Randle & Son
 (b) Address 3133 Ball ave

19. (a) OCT 28 1948 (b) J. B. Lassiter
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
 (d) Street No. 1216 West End 9
(If rural, give location)
 (e) Citizen of foreign country? 12 (Yes or No) 0
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25
 year 1948 hour 5 minute 10 a.m.

21. I hereby certify that I attended the deceased from Oct. 17 1948 to Oct. 25 1948
 that I last saw her alive on Oct. 25 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death BRAIN - Cerebral Hemorrhage; Arteriosclerosis Duration Undet.

Due to Chronic

Other conditions LUNGS: Congestion and Edema
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy Yes 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) (c) Means of injury 11

23. Signature Geor F Daniels (M. D. or other) _____
 Address 2601 N Whittier Date signed 10/25/48

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

NOV 27 1948

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 J. J. Watson
Licensed Embalmer No. 269A
P. O. Address 2769 Chouteau

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.