

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.
 (b) City or town St. Louis, Missouri.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff
 (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)

3. (a) PRINT FULL NAME PHILLIPS ANDREAS
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased Dec 14 1870
 (Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 13 If less than one day
 hr. _____ min. _____

9. Birthplace St. Louis Mo (City, town, or county) (State or foreign country) 0

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Fredrick Andreas
 13. Birthplace Germany (City, town, or county) (State or foreign country) 1
 14. Maiden name Normand
 15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Ellen Andreas
 (b) Address 1314 N 19th Str.

17. (a) Burial (b) Date thereof 10/30/48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Central Und Co

(b) Address 1841 Cass ave

19. (a) OCT 29 1948 (b) J. B. Lasater
 (Date received from Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis
 (c) City or town St Louis (If outside city or town limits, write "RURAL")
 (d) Street No. 1314 N 19th Str. (If rural, give location)
 (e) Citizen of foreign country? 2/ (Yes or No) 0
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27th
 year 1948 hour 11 minute 30 P M.
 21. I hereby certify that I attended the deceased from 10/24/48
 _____, 19____, to 10/27/48, 19____;
 that I last saw him im alive on 10/27/48, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease unknown Duration _____

Due to _____
 Due to _____
 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? Frank J. Lasater (Specify type of place) (Means of injury) 0
 23. Signature 1515 Lafayette 10/28/48 (Date signed)
 Address _____

WRITE PLAINLY—USE 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.....

Guy W. Wilkinson

Licensed Embalmer No. *3575*

P. O. Address *St Louis Mo*

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.