

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14320**Registrar's No. **3964**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 14320		Registrar's No. 3964				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (in this place)			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			2169			
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital				d. STREET ADDRESS (If rural, give location) 3642 So. Compton								
3. NAME OF DECEASED (Type or Print) Emma			a. (First)		b. (Middle)		c. (Last) Andreas		4. DATE OF DEATH (Month) (Day) (Year) APRIL 30 50			
5. SEX F	6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH 9/7/1875		9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HW			10b. KIND OF BUSINESS OR INDUSTRY Home			11. BIRTHPLACE (State or foreign country) St. Louis Mo.			12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Charles Bullmann			13b. MOTHER'S MAIDEN NAME Caroline Vaubel			14. NAME OF HUSBAND OR WIFE Julius						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Julius Andreas 7742 Genesta						ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH		
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Myocardial Infarction						5 days		
				ANTECEDENT CAUSES						?		
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						?		
				DUE TO (b) Coronary arterio sclerosis								
				DUE TO (c) Generalized arterio sclerosis								
				II. OTHER SIGNIFICANT CONDITIONS								
				Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		4/20/50						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?								
22. I hereby certify that I attended the deceased from April 25, 1950 , to April 30, 1950 , that I last saw the deceased alive on April 30, 1950 , and that death occurred at 4:30 m., from the causes and on the date stated above.												
23a. SIGNATURE (Degree or title) Edward W. Czerninski M.D.				23b. ADDRESS 3701 Grand St. St. Louis Mo.				23c. DATE SIGNED 5/1/50				
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)						
Burial (1)		5/3/50		New St. Marcus		St. Louis Mo.						
DATE REC'D BY LOCAL REG. MAY 2, 1950		REGISTRAR'S SIGNATURE J. B. Fasater				25. FUNERAL DIRECTOR'S SIGNATURE Wm. Schumacher 2013 Monroe						ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Francis Williamson

Licensed Embalmer No. 3565

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.