

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **32147**  
Registrar's No. **2304**

**FILED OCT 10 1950**

S. No. 300  
V. 10.48

REG. DIST. NO. **317**

PRIMARY REG. DIST. NO. **6076**

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>6076</b>		State File No. <b>32147</b>		Registrar's No. <b>2304</b>					
1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>ST. LOUIS</b>									
b. CITY OR TOWN <b>LAKE</b>				c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>DOWN LAKE</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DRIVE STRY HOGHOLLOW RD</b>				d. STREET ADDRESS <b>Same</b>									
3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b>			b. (Middle) <b>A</b>			c. (Last) <b>ANDREAS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>9 25 1950</b>				
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>Sept 20, 1864</b>		9. AGE (In years last birthday) <b>86</b>		IF UNDER 1 YEAR Days <b>5</b>		IF UNDER 1 WKS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RET WATCHMAN</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>ST. L. C. WATER CO</b>		11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS CO, MO.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>				
13a. FATHER'S NAME <b>unknown</b>				13b. MOTHER'S MAIDEN NAME <b>unknown</b>				14. NAME OF HUSBAND OR WIFE <b>AGNES (DEC)</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>490-20-2623</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Edna Ewart - Chesterfield Mo</b>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>METASTATIC CARCINOMA OF SPINE</b>								INTERVAL BETWEEN ONSET AND DEATH <b>5 YRS</b>			
		ANTECEDENT CAUSES DUE TO (b) <b>CARCINOMA OF PROSTATE</b>								<b>6 YRS</b>			
		DUE TO (c) <b>GENERALIZED ARTERIOSCLEROSIS</b>								<b>10 YRS</b>			
		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 <b>177X</b>								20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)								
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <b>177X</b>								
22. I hereby certify that I attended the deceased from <b>SEPT 7</b> , 19 <b>45</b> , to <b>SEPT 25</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>SEPT 22</b> , 19 <b>50</b> , and that death occurred at <b>9:40 P. m.</b> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <b>E. A. Barnick</b>				23b. ADDRESS <b>100. 6661 ENRIGHT AVE</b>				23c. DATE SIGNED <b>9-26-50</b>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial (1)</b>		24b. DATE <b>9/27/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>							
DATE REC'D BY LOCAL REG. <b>9-26-50</b>		REGISTRAR'S SIGNATURE <b>H. R. Donker</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>M. D. Bopp, Inc</b>		ADDRESS <b>Clayton Mo</b>					

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

Food

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490-20-2623

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed *Pete Dubrouille*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3691

P. O. Address *Reverend Heights*

**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.