

FILED JUL 22 1952

STANDARD CERTIFICATE OF DEATH

State File No. 25535
Registrar's No. 6669

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2119	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis 0		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 0	
c. LENGTH OF STAY (in this place) 28 yrs		d. STREET ADDRESS (If rural, give location) 3951 Aldine	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hos.			

3. NAME OF DECEASED (Type or Print) a. (First) Francis b. (Middle) c. (Last) Andrews, Jr.			4. DATE OF DEATH (Month) (Day) (Year) July 8, 1952		
5. SEX Male 2		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Jan. 12, 1902		9. AGE (In years last birthday) 50		10. BIRTHPLACE (State or foreign country) Magnolia, Mississippi	
11. BIRTHPLACE (State or foreign country) Magnolia, Mississippi		12. COUNTRY OF WHAT COUNTRY? U S A			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Handler		10b. KIND OF BUSINESS OR INDUSTRY Railway Mail Term.		11. BIRTHPLACE (State or foreign country) Magnolia, Mississippi	

13a. FATHER'S NAME Francis Andrews, Sr.		13b. MOTHER'S MAIDEN NAME Virginia Seale		14. NAME OF HUSBAND OR WIFE Katherine Andrews	
15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Katherine Andrews,	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cerebral Hemorrhage</i> DUE TO (c)			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. KIND 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>331X</i>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>4:15 P.</i> m., from the causes and on the date stated above.					

23a. SIGNATURE <i>Patrick E. Taylor</i>		23b. ADDRESS 1300 Clark Avenue		23c. DATE SIGNED 7. 9. 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4		24b. DATE 7/12/52		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates, 4107 Finney Ave			

DATE REC'D BY LOCAL REG. JUL 9 1952		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates, 4107 Finney Ave	
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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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....
Student Embalmer No.....
Thomas J. Hales

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.