

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28748**
Registrar's No. **7227**

FILED AUG 16 1954

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 Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: Lutheran Hospital		e. STREET ADDRESS (If rural, give location) 16 3335 Pennsylvania Ave. 21090	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) ANDRESEN c. (Last) ANDRESEN			4. DATE OF DEATH (Month) (Day) (Year) Aug. 1 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 31, 1883	9. AGE (In years last birthday) 71	10. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter & Decorator-Ward Painting Co.		10b. KIND OF BUSINESS OR INDUSTRY Co. Germany		11. BIRTHPLACE (City and State or Foreign Country) Germany	

13a. FATHER'S NAME Andres Andresen		13b. MOTHER'S MAIDEN NAME Marie Schoening		14. NAME OF HUSBAND OR WIFE Elizabeth Andresen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elizabeth Andresen 3335 Pennsylvania	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Lung ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH Unknown	
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19a. DATE OF OPERATION Aug 13 '54		19b. MAJOR FINDINGS OF OPERATION Bronchus cut by Dr J L Knudsen - Carcinoma Lung		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. OCCIDENT 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 163x	

22. I hereby certify that I attended the deceased from **7-29-1954 to 8/1 1954** and that death occurred at **7:00 P.M.** on **7/29/54**, 1954, and that death occurred at **7:00 P.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joseph L. Lucius M.D.		23b. ADDRESS 634 N. Grand Blvd		23c. DATE SIGNED 8/3/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug. 4, 1954		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.			

DATE REC'D BY LOCAL REG. AUG 4 1954		REGISTRAR'S SIGNATURE J. C. Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.	
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WRITE PLAINLY—USING UNFAADING 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.....
Signature of Student Embalmer

Signed *Jale A. Therman*.....
Licensed Embalmer No. *4537*.....

P. O. Address

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.