

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41774

FILED JAN 17 1956

State File No. ....

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 11580

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, MO</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (In this place)		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>9</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CITY HOSPITAL #1.</u>		e. STREET ADDRESS (If rural, give location) <u>15 4338 Michigan</u> <u>215 b</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <u>ELIAS</u>		(Month) (Day) (Year) <u>DECEMBER, 30, 1955</u>	
b. (Middle) <u>(Alex)</u>		c. (Last) <u>ANDYBUR</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 10, 1987</u>
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Austria - Galicia</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Foundry Worker</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Frank Andybur</u>		13b. MOTHER'S MAIDEN NAME <u>Pauline ?</u>	
13c. FATHER'S NAME		14. NAME OF HUSBAND OR WIFE <u>Pauline Andybur</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-18-6927</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?		17. INFORMANT'S SIGNATURE OR NAME <u>Ann Potye</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?		17. INFORMANT'S SIGNATURE OR NAME <u>4338 Michigan</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>pernicious anemia</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		PERNICIOUS ANEMIA	
ANTECEDENT CAUSES		DUE TO (b) _____	
Morbid conditions, if any, giving 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input checked="" 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.)	
21a. ACCIDENT SUICIDE HOMICIDE		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>290.0</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21d. TIME OF INJURY		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>12/27/55</u> 19 to <u>12/30/55</u> , 19, that I last saw the deceased alive on <u>12/30/55</u> , 19, and that death occurred at <u>6:25 PM</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Robt. Denton</u>		23b. ADDRESS <u>1515 LAFAYETTE AVE</u>	
23a. SIGNATURE <u>Robt. Denton M.D.</u>		23c. DATE SIGNED <u>12/31/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/3/56</u>	
24a. BURIAL, CREMATION, REMOVAL		24c. NAME OF CEMETERY OR CREMATORY <u>St Peter + Paul</u>	
24a. BURIAL, CREMATION, REMOVAL		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>DEC 31 1955</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>	
DATE REC'D BY LOCAL REG.		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chulick Und Co</u>	
DATE REC'D BY LOCAL REG.		ADDRESS <u>1722 S. Jefferson</u>	

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.....  
Signature of Student Embalmer

Signed *Bill C. Branson*

Licensed Embalmer No. *476*

P. O. Address *St. Louis*

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.