

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

46664

State File No. ....

FILED JAN 13 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 3333

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY, (If outside corporate limits, write RURAL and give township) <u>Kirkwood</u>		c. LENGTH OF STAY (in this place) <u>6 months</u>	c. CITY OR TOWN <u>Kirkwood 4623</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>1719 Dougherty Ferry Rd.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>M.</u> c. (Last) <u>ANDEL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 31, 1957</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 26, 1907</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>5</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John O'Neil</u>	13b. MOTHER'S MAIDEN NAME <u>Anna M. Andel</u>	14. NAME OF HUSBAND OR WIFE <u>Charles Andel</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give no. or date of service) <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charles Andel, 1719 Dougherty Ferry, Kirkwood</u>	ADDRESS <u>Kirkwood</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the cervix</u>		<u>2 yrs.</u>
	PRECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) <u>171X</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Metastatic carcinoma</u>			<u>6 mos</u>

19a. DATE OF OPERATION <u>1954</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma</u>	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 7-31, 1957, to 12-31, 1957, that I last saw the deceased alive on 12-30, 1957, and that death occurred at 2:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles Miller M.D.</u> (Degree or title)	23b. ADDRESS <u>706 N. Clay, Kirkwood 770</u>	23c. DATE SIGNED <u>12-31-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/3/58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-31-57</u>	REGISTRAR'S SIGNATURE <u>Robert [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Popp, Jr.</u>	ADDRESS <u>Kirkwood</u>
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(Licensed Embalmer's Statement on Reverse Side)

No.

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

4023

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: *Francis J. W. [Signature]*  
Licensed Embalmer No. 4512

P. O. Address *Wickham*

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.