

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-042162

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318**, Primary Registration District No. **1003**, Registrar's No. **11148**

STATE FILE NUMBER

AMENDED

**FILED DEC 12 1961**

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <b>4027 West Belle Ave</b>		(If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <b>Arthur</b> Middle <b>G.</b> Last <b>Andrews</b>			4. DATE OF DEATH Month <b>11</b> Day <b>28</b> Year <b>61</b>			5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH <b>11-27-1888</b>		9. AGE (last birthday) <b>73</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Pullman Porter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Pullman Company</b>	
11. BIRTHPLACE (City and state or country) <b>Kirkwood, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>		13a. FATHER'S NAME <b>Jack Andrews</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Anderson</b>		14. NAME OF HUSBAND OR WIFE <b>Edith Andrews</b>		Address	
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>Unk.</b>		17. INFORMANT <b>Edith Andrews 4027 West Belle Ave</b>		Address					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Renal Failure</b> DUE TO (b) <b>Hypertensive Cardiovascular Disease</b> DUE TO (c) <b>443X</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b> <b>Undet.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)							
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE			
21. I attended the deceased from <b>11-21-61</b> to <b>11-28-61</b> and last saw <sup>per</sup> him alive on <b>11-28-61</b>		Death occurred at <b>11:05</b> <b>p.</b> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>[Signature]</b> (Degree or title)				22b. ADDRESS <b>2601 N. Whittier Street</b>				22c. DATE SIGNED <b>11-29-61</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>12/2/61</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Washington Park Cemetery</b>		23d. LOCATION (City, town, or county) <b>Berkeley City, Missouri</b>		(State)			
24. FUNERAL DIRECTOR <b>C.W. Roberts Und. Co 1416 N. Taylor Ave</b>				25. DATE RECD. BY LOCAL REG. <b>NOV 30 1961</b>		26. REGISTRAR'S SIGNATURE <b>[Signature]</b>					

DATE AMENDED

REASON FOR AMENDMENT

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILE NO. 530 C. 12. 1971

**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 James A. Carter

Licensed Embalmer No. 4681

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.