

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

16532

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
Township ..... Primary Registration District No. 3003  
City St. Louis Mo. (No. Sanitarium)

File No. ....  
Registered No. 5054  
St. .... Ward)

**2. FULL NAME**

Mary Elizabeth Andrae  
(a) Residence. No. 5654 Gate of Brilliance 13 Ward.  
(Usual place of abode)  
(If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 32 yrs. + mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles Andrae</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>March 28, 1865</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>0</u>
	DAYS <u>29</u>	IF LESS than 1 day, ..... hrs. or ..... min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Housework</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Tennessee

PARENTS	10. NAME OF FATHER <u>Unknown</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT William T Gutter M.D.  
(Address) 5400 Cascade St.

15. FILED 22 1931 Wm C Starck  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 27 1931

17. I HEREBY CERTIFY, That I attended deceased from Apr 29, 1929, to Apr 27, 1931, that I last saw her alive on Apr 27, 1931, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Myocarditis  
93C  
15B  
15B  
CONTRIBUTORY (SECONDARY) Erysipelas of face non-infectious  
Hypostatic pneumonia  
tubercular (duration) ..... yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) William T Gutter, M. D.  
4/27, 1931 (Address) 5400 Cascade St

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Palmer Mississippi DATE OF BURIAL 4-29 1931

20. UNDERTAKER Geo. L. Pleitch ADDRESS 5966 Easton Ave.

WRITE PLAIBLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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