WRITE PLAINLY, 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.

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

Do not use this space.

18291

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1003 — Registered No. 2433
City K. C. Mo. (No. St Joseph Hospital St. Ward)

2. FULL NAME Alexander Andalaft
(a) Residence. No. 3903 Forest Ave. St., 13 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: Wh.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frida Andalaft

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept-29-1870

7. AGE: YEARS 60 — MONTHS 8 — DAYS 1 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Store Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): Own 1
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 1

PARENTS
10. NAME OF FATHER: Alexander Andalaft
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Mary Unk
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Ed G. Andalaft
(Address) 3903 Forest Hill

15. FILED June 1, 1931 M. M. Crowe REGISTRAR
Asst

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 30 1931

17. I HEREBY CERTIFY, That I attended deceased from 10-20, 1929, to May 30, 1931, that I last saw him alive on May 30, 1931, and that death occurred, on the date stated above, at 5 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Generalized carcinosis - following cancer of bladder
51B
53L
(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY): Exhaustion and starvation
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: Bladder was opened about one year ago.
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? (1) Clinical
(Signed) [illegible] M. D.
6-1, 1931 (Address) 928 Argyle Blvd KCMo

*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~~): at Elmwood — DATE OF BURIAL: June 2 1931.

20. UNDERTAKER: Mrs. C. L. Forster — ADDRESS: K. C. Mo.

Argyle V.- 0551
Riviera Apts. Lo-6234
We. 9500