

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

Do not use this space.

~~20995~~
21055

1. PLACE OF DEATH

County St. Louis
Township Central
City Wellston

Registration District No. 789
Primary Registration District No. 30113
(No. Wabash Tracks North of Page Ave)

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Roy Andrews

(a) Residence, No. 6227 Ridge Ave St. _____ 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 <u>Male</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>Elizabeth Andrews</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 9th 1883</u>		
7. AGE YEARS <u>49</u>	MONTHS <u>9</u>	DAYS <u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Clerk</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Ball Lumber Co</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME Henry Andrews

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Elizabeth Andrews
(ADDRESS) 6227 Ridge Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cem. DATE June 30th, 1938

19. UNDERTAKER Robert J. Ambrose & Co
(ADDRESS) 6635 Clayton Rd

20. FILED _____ 19 _____
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28th, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to 2:07 PM, 19____.
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Train Accident on Wabash tracks just north of Page Ave St. Louis, Mo.
Ruptured liver - spleen - Fracture of all ribs of left chest 7-9 on R. side
Other contributory causes of importance:
Rupture of left kidney. Ruptured bladder, complete distention of left lung. Fracture of skull.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Domestic case of death was
Manner of injury gunshot
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) Robert B. Turner
(Address) 3918 Jennings Rd

Coroner, St. Louis, Mo., MO

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.

2053
2
31
31

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Louis
Township Central
City (No. 603313)

Registration District No. 789
Primary Registration District No. 603313

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Ray Andrews
(a) Residence, No. _____ St. _____ 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9 - 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 9 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ball Lumber Co.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Elizabeth Andrews
627 1/2 St. George

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 5-30-1933

19. UNDERTAKER (ADDRESS) Bob J. Amundson
1635 Clayton

20. FILED _____ 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28 - 1933

22. I HEREBY CERTIFY That I attended deceased from _____ to _____, 19 _____

I last saw him _____ alive on _____, 19 _____ Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

traumatic accident over
3000 ft. track St. Louis
at distance given spleen
fracture of all ribs
fractured skull
Date of onset _____

Other contributory causes of importance: _____

hemorrhage

hit by train while working

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. H. B. Lussner, M. D.

(Address) 3718 Jennings Rd.

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

COMPLETED

RECEIVED

June 28 1933

S-20975-A

3718

2/11/75

1000

1000

1000