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.

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

APR 2 1934

Do not use this space.

1. PLACE OF DEATH
County
Township
City St Louis (No. Deaconess Hospital St. Ward)

Registration District No. 791
Primary Registration District No. 1003

File No. 10737
Registered No. 2560

2. FULL NAME Elvin LeRoy Andrews
(a) Residence, No. (Usual place of abode) R.R. Ward. Greenville Ills (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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lea Andrews
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2 - 1889
7. AGE YEARS 44 MONTHS 6 DAYS 10 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fareman.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ice Mfg Co. Hygenic Ice Co
10. Date deceased last worked at this occupation (month and year) Oct - 1932
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mills Trop Bond Co Ills.

FATHER
13. NAME Samuels W. Andrews Sr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mills Trop Bond Co Ills

MOTHER
15. MAIDEN NAME Catherine Alice Hawley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mills Trop Bond Co Ills

17. INFORMANT (ADDRESS) S. W. Andrews Jr. Greenville Ill.
18. BURIAL, CREMATION, OR REMOVAL PLACE Greenville Ills DATE Mar 15 1934
19. UNDERTAKER (ADDRESS) Albert H. Hopple 429 N Euclid
20. FILED MAR 14 1934 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar - 12 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan - 11, 1934, to Mar. 10, 1934
I last saw him alive on Mar 10, 1934. Death is said to have occurred on the date stated above, at 12:15 P m.
The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis
Hypertension

Other contributory causes of importance:
Chronic Myocarditis

Date of onset

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) L. H. Hampton M. D.
(Address) 203 Bissell Bldg

Templeman
Recruit bldg.
2nd floor