

DEC 12 1934

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph (No. 1358 Buchanan Ave. St. _____ Ward) _____

38567

File No. _____
Registered No. 1242

2. FULL NAME

Elizabeth H. Andriana

(a) Residence, No. 1358 Buchanan 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 50 yrs. mos. ds. How long in U. S. if of foreign birth? 50 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>Max Andriano</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 3, 1854</u> | | |
| 7. AGE | YEARS <u>80</u> | MONTHS <u>0</u> |
| | DAYS <u>9</u> | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home.</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 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) <u>Mannheim, Germany</u> | | |
| FATHER | 13. NAME <u>Ludwig Neck</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Germany</u> | |
| MOTHER | 15. MAIDEN NAME <u>Brentano</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Germany</u> | |
| 17. INFORMANT <u>Max Andriano</u> (ADDRESS) <u>1358 Buchanan Ave.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Mora Cemetery</u> DATE <u>Nov. 14, 1934</u> | | |
| 19. UNDERTAKER <u>Walter Meierhoffer</u> (ADDRESS) <u>1302 Faraon St. St. Joseph, Mo.</u> | | |
| 20. FILED <u>11-12-1934</u> <u>John R. Bender</u> Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12, 1934 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1933, to Nov. 12, 1934

I last saw h. or alive on Nov. 6, 1934 Death is said to have occurred on the date stated above, at 1.00 m. A. M.

The principal cause of death and related causes of importance were as follows:
Cerebral Embolism
Valvular Heart Disease
General Arterio-Sclerosis

Other contributory causes of importance:
None

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

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? No
If so, specify _____
(Signed) P. Fromm M. D.
(Address) 216 P. Hyp. + Surg. Bldg.

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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