FEB 21 1935

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

Do not use this space.

3417

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 720

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis, Mo (No. ....., ... St. ..... Ward)

2. FULL NAME William Andrea

(a) Residence, No. 5800 Arsenal St St., 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Separated

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Mrs. Lulu Richardson Andrea

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8 1864

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
70	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packer
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) Leavenworth Kansas

FATHER

13. NAME Christian Andrea
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) x

MOTHER

15. MAIDEN NAME Christina Young
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) x

17. INFORMANT (ADDRESS) J G Sullivan 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Jan 21 1935

19. UNDERTAKER (ADDRESS) Mullen Bros 4259 Lindell

20. FILED JAN 19 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1934, to Jan 18, 1935

I last saw him alive on Jan 18, 1935 Death is said to have occurred on the date stated above, at 3:30 a.m.

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

	Date of onset
Chronic myocarditis with decompensation.	1934

Other contributory causes of importance:

Arteriosclerosis	1934
Coronary sclerosis	1934

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) Marvin T. Haw, Jr., M. D.

(Address) 5600 Arsenal St.

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.