

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

Do not use this space.

14187

1. PLACE OF DEATH

County St. Louis Registration District No. 788
 Township Central Primary Registration District No. 4471
 City Webster Groves (No. 460, Algonquin Pl. St. _____ Ward _____)

2. FULL NAME

William Owen Andrews
 (a) Residence, No. 460 Algonquin Pl. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 18 yrs. 10 mos. _____ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Masculine 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary R. Andrews
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1875
 7. AGE 68 YEARS 11 MONTHS 27 DAYS If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent
 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) Apr 7, 1935 11. Total time (years) spent in this occupation 32

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

13. NAME William T. Andrews

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles, Mo.

15. MAIDEN NAME Mary A. Evill

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

17. INFORMANT Carrie P. Andrews
 (ADDRESS) 460 Algonquin Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE BELLEFONTAINE DATE April 27, 1935

19. UNDERTAKER Wagoner Used Co
 (ADDRESS) 3621 Olive St.

20. FILED 4-26-1935 Jules K. Gore Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/25, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 1927, to April 25, 1935
 I last saw him alive on April 24, 1935 Death is said to have occurred on the date stated above, at 3 A. M.
 The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis
Myocarditis

Other contributory causes of importance: Automobile accident 1/18/35

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide: accident Date of injury 1/18, 1935
 Where did injury occur? St. Louis, Mo.
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Automobile accident
 Manner of injury Car rolled over when struck
 Nature of injury Shock to myocardium present

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify _____
 (Signed) Frank P. Baum, M. D.
 (Address) 16 N. 3rd, Webster Groves, 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. Burial Permit issued by Holt, Embrey & Clayton

Date of onset 3 yrs
2 yrs

History of accident: Caused by collision of two automobiles, at 14th and Chestnut St. Louis, Mo. taken to St. Louis City hospital, and later removed to his home in Webster, St. Louis County, Central Township, and there remained until he died.

Autopsy findings: Predisposing factor of trauma, unquestionably acting upon a myocardial hypertrophy, resulted in decompensation of the heart which was the immediate cause of death.

Myocardial failure. Cardiac hypertrophy.
Pulmonary edema, left hydrothorax, chronic passive congestion of liver.

4/26/35 *St. Louis, Mo.*
From Dr. J. C. Mc

Mr. Frank P. ...
WE 3444 1700
Ce 1705 ...