DEC'D MAR 13 1939

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

6561
Do not use this space.

1. PLACE OF DEATH
(a) County GREENE
(b) Township
(c) City SPRINGFIELD
(d) Street No. St. John's Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 318
Primary Registration District No. 2001
Registered No. 159

39
3
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2. PRINT FULL NAME 536 George Robert Andreatta
(a) Residence, No. St. Marshfield Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: x x
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 24 1938
7. AGE: ✓ YEARS: no MONTHS: 8 DAYS: 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Infant
9. Industry or business in which work was done, as saw mill, bank, etc.: x
10. Date deceased last worked at this occupation (month and year): x
11. Total time (years) spent in this occupation: x

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Webster Co., Mo. O

FATHER
13. NAME: Louis Andreatta C
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Webster Co., Mo.

MOTHER
15. MAIDEN NAME: Edna Hosena
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Webster Co., Mo.

17. INFORMANT (ADDRESS): Louis Andreatta Marshfield, Missouri
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Marshfield Mo DATE Feb. 24 1939
19. FUNERAL DIRECTOR (ADDRESS): Rex Rainey Marshfield, Missouri
20. FILED Feb 20 1939 Chas A George Mo Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-20 1939
22. I HEREBY CERTIFY, That I attended deceased from 2-20-39, to 2-20-39, 19..
I last saw him alive on 2-20, 1939. Death is said to have occurred on the date stated above, at 5:30 P.m.
The principal cause of death and related causes of importance were as follows:

Broncho pneumonia. 107 N

Date of onset

Other contributory causes of importance:
Premature birth,
Anemia - nutritional

Name of operation: none 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) Urban Busick, M. D.
(Address) Springfield, Mo

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(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by.....Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3312

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)