

Registration District No. 791

Primary Registration District No. 1003

State File No. _____

Registrar's No. 1920

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2329 So. Compton Ave
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 64 yrs.
years, months or days)

8. (a) PRINT 530
FULL NAME Andrew J. Wand

8. (b) If veteran, name war no 8. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife unk 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 25th, 1876
(Month) (Day) (Year)

8. AGE: Years 64 Months 0 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Plumber

11. Industry or business Plumbing

MOTHER FATHER { 12. Name John Wand 0
18. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Henrietta Juran
15. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Lucie Mersendack
(b) Address 2329 So. Compton Ave

17. (a) Burial (b) Date thereof 2-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Henry K. Heidemann
(b) Address 6203 Gravois Ave

19. (a) FEB 27 1940 (b) J. P. Credich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 2
(If outside city or town limits, write "RURAL")
(d) Street No. 5320 Blow Str.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 25 day
year 1940 hour 7 minute 05 P.M.

21. I hereby certify that I attended the deceased from November 3rd, 1939 to Feb. 25th, 1940
that I last saw him alive on Feb. 25th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Mitral Regurgitation Heart 4 yrs.
Due to Chronic Interstitial Nephritis 2 yrs.

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Albert Beisbarth (M. D. or other) MD.
Address 3548 S. Grand Bl. Date signed 2-27-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 4 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Ray W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.