FILED AUG 23 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26138

Registration District No. 757 | Primary Registration District No. 5998 | Registrar's No. 133

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1. PLACE OF DEATH:
(a) County St Charles 3
(b) City or town St Charles Town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Home.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years. (Specify whether years, months or days)
In this community 6 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Charles
(c) City or town Rural.
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME THEODORE ANDREWS

3. (b) If veteran, name war —
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
About 76			hr. min.

9. Birthplace New Orleans La (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Foundry.

FATHER
12. Name Andrew Andrews
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eliza Kenneth
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Fred Brudenbrick
(b) Address 923 No Benton
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 1 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Old Ground Cem.
18. (a) Signature of funeral director Wiekenmann-Bauer
(b) Address 926 No 6th St
19. (a) 7/31/40 (Date received local registrar) (b) Clarence H. Hessler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1940 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from July 28 July 28, 1940, to July 31, 1940 that I last saw him alive on July 31st, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Broken Compensation	3 days.
Due to Chronic Myocarditis	5 yrs.
Due to Sen. Arteriosclerosis	10 yrs.
Other conditions None. (Include pregnancy within 3 months of death)	

Major findings: Of operations None - N.D.C.
Of autopsy None.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature A. Erich Schultz M.D. (M. D. or other)
Address St Charles Mo. Date signed 8/1/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3177

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.