DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1605

State File No. 27015

Registration District No. 791 Primary Registration District No. Registrar's No. 6911

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12yrs.5mo.24days In this community 55yrs.10mo.18days. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3765 Meramec
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME HARRY J. ANDEL

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maud Andel

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Sept. 25, 1884 (Month) (Day) (Year)

8. AGE: Years 55 Months 10 Days 18 If less than one day hr. min.

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

10. Usual occupation Salesman

11. Industry or business Bread-Wagon

FATHER
12. Name Jacob Andel
13. Birthplace Unknown (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Amelia Lang
15. Birthplace Unknown (City, town, or county) Wisconsin (State or foreign country)

16. (a) Informant's own signature Otto Andel
(b) Address 5400 Arsenal st

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/16/40 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Oscar J. Hoffmeister
(b) Address 4016 Chippewa

19. (a) AUG 15 1940 (Date received local registrar) (b) J. A. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12 year 1940 hour 10:30 minute P M.

21. I hereby certify that I attended the deceased from 7-1-39, 19__, to 8-12-40, 19__; that I last saw him alive on 8-12-40, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Paresis (Onset 7-1-39)

Due to Hypertensive -Heart disease (onset 2-24-40)

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy No

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 Paul T. Hartung (M. D. or other)
Address 5300 Arsenal Date signed 8-13-40

(Licensed Embalmer's Statement on Reverse Side)

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.

Rev. 5-17-30 1 X19511

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 Ernest W. Spillers

Licensed Embalmer No. 4080

P. O. Address 3747 Dunnica

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.