

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

363270

State File No. _____

Registration District No. 784

Primary Registration District No. 106

Registrar's No. 8039

1. PLACE OF DEATH

(a) County... Kirkwood
(b) City or town... St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
318 Brooklyn St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 yrs. (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Arnold Andrews.

3. (b) If veteran, No. No. 3. (c) Social Security No. None

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Celia Andrews. 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased May 15 1869. (Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 14 If less than one day hr. min.

9. Birthplace Atlanta Ga. (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business 9

MOTHER FATHER { 12. Name Dan Andrews.
13. Birthplace Atlanta Ga. (City, town, or county) (State or foreign country)
14. Maiden name Milindia ?
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Celia Andrews.
(b) Address 318 Brooklyn St

17. (a) Burial (b) Date thereof 11 1 40 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dixon Cem, Ellis Fun, Home.

18. (a) Signature of funeral director 2820 Stoddard St

(b) Address 2820 Stoddard St

19. (a) OCT 30 1940 (b) W. H. Meyer (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
(c) City or town Kirkwood Mo. (If outside city or town limits, write "RURAL")
(d) Street No. 318 Brooklyn St. (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 29
year 1940. hour 6.30 minute M.

21. I hereby certify that I attended the deceased from 10/18/40 to 10/29/40 - 1940
that I last saw him alive on 10/29/40 and that death occurred on the date and hour stated above.
Immediate cause of death Bright's Disease Duration _____

Due to _____

Due to _____

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none
(b) Date of occurrence _____
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none

While at work? none (Specify type of place) (e) Means of injury _____

23. Signature C. B. D. Smith (M. D. or other) 1

Address 159 E. Park Ave. Date signed 11/30/40

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

1322

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 L. Boykin,
_____, Registered Apprentice No. 2946
working under my personal supervision.

Signed Lommie Boykin
Licensed Embalmer No. 2946

P. O. Address St Louis Mo

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.