No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26929 6721

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

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: En Route to City Hoapital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 3

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. 4038 Humphrey St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

No Attending Physician

1003 17 169

3. (a) PRINT FULL NAME Napoleon Andrews

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased August 21 ~~1941~~ 1885 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
55	11	24	hr. min.

9. Birthplace Illinois (City, town, or county) (State or foreign country) I

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Henry Andrews
13. Birthplace Germany (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Caroline Fenn
15. Birthplace Illinois (City, town, or county) (State or foreign country) I

16. (a) Informant Mrs W. L. Andrews
(b) Address 13251 Mark Twain Detroit Michigan

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 18 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Illinois

18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave

19. (a) AUG 18 1941 (Date received local registrar) (b) J. T. Burdick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14th day August year 1941 hour 10 minute 10 P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion and
Due to Chronic Myocarditis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 Alfred Berry (M. D. or other) 3
Address Date signed 8/17/41

(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 Frank D. Quinn

Licensed Embalmer No. 2245

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, fact should be so stated above.