

FILED FEB 24 1942  
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 591

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:  
5610 Page Blvd. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community. 72 Years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis. (If outside city or town limits, write "RURAL")  
(d) Street No. 5610 Page Blvd. (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Bessie Andrew.

3. (b) If veteran,

name war \_\_\_\_\_

3. (c) Social Security

No. \_\_\_\_\_

4. Sex F.

5. Color or race W.

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

(b) Name of husband or wife Nicholas Andrew.

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

7. Birth date of deceased November 22 1863  
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

79

11

26

hr. min.

9. Birthplace Canada.

(City, town, or county)

(State or foreign country) 2

10. Usual occupation At Home.

11. Industry or business \_\_\_\_\_

12. Name Owen Curran.

13. Birthplace Canada.

(City, town, or county)

(State or foreign country) 2

14. Maiden name Catherine Shannon.

15. Birthplace Canada.

(City, town, or county)

(State or foreign country) 2

16. (a) Informant Miss Mildred Andrew.

(b) Address 5610 Page Blvd.

17. (a) Burial.

(Burial, cremation, or removal)

(b) Date thereof 1-21-42

(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Arthur J. Rormey

(b) Address 3949 Lindell

19. (a) JAN 19 1942 (b) J. F. Predeck

(Date of local registrar)

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18th  
year 1942 hour 4 minute 00 A. M.

21. I hereby certify that I attended the deceased from 3-9 1939 to 1-18 1942  
that I last saw her alive on 1-17 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac decompensation

Due to chronic myocardiitis  
and arteriosclerosis

chronic cigarette  
smile disease

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations no

Of autopsy no

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 Eugene J. Quill (M. D. or other) MD

Address 634 21st St Date signed 1-19-42

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

000  
19  
9

*Dr. Stanley Marshall*  
*Mr. Marshall*

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**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 *Stanley Marshall*  
Licensed Embalmer No. *2868*  
P. O. Address *3840 Lincoln*

**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.**