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S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 6 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19343

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5372

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:
1502 Monroe Street
(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 Missouri (b) County 0017

(c) City or town St. Louis 26
(If outside city or town limits, write "RURAL")

(d) Street No. 1502 Monroe St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Elizabeth Andres

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Phillips Andres

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased June (Month) 27 (Day) 1869 (Year)

8. AGE: Years 72 Months 11 Days 24 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Anton Yaerger
13. Birthplace ~~Christina~~ (City, town, or county) France (State or foreign country)

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

16. (a) Informant Phillips Andres
(b) Address 1502 Monroe

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-24-42 (Month) (Day) (Year)
(c) Place: burial or cremation Zion's Cemetery

18. (a) Signature of funeral director Ty. Leidner U. Co
(b) Address 2223 St. Louis Ave

19. (a) JUN 22 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21, year 1942 hour 3:00 minute P.M.

21. I hereby certify that I attended the deceased from February 6, 1942, to June 19, 1942 that I last saw her alive on June 19, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Thrombosis	
Due to Hypertensive Heart disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 Leo Wade (M.D. or other)

Address 1515 Lafayette Avenue, Date signed 6/22/42

(Licensed Embalmer's Statement on Reverse Side)

Feb 1954

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 J. R. Buchholz

Licensed Embalmer No. 1674

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, fact should be so stated above.