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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 15281

FILED MAY 6 1943

Registration District No. 377 Primary Registration District No. 6076 Registrar's No. 1037

1. PLACE OF DEATH:
(a) County: St. Louis County
(b) City or town: Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Adm. Apr. 27, 1943. (Specify whether years, months or days)
In this community: since 4/27/43.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County:
(c) City or town: Curryville (If outside city or town limits, write "RURAL")
(d) Street No.: Route #2 (If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country: -

3. (a) PRINT FULL NAME: Benjamin F. Andes
3. (b) If veteran, name war: Spanish-American
3. (c) Social Security No.: none.
4. Sex: male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: -
6. (c) Age of husband or wife if alive: - years
7. Birth date of deceased: January (Month) 2, (Day) 1869 (Year)
8. AGE: Years 74 Months 3 Days 27 If less than one day hr. min.
9. Birthplace: Shelby County (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: Carpenter
11. Industry or business: -
MOTHER FATHER
12. Name: Unavailable
13. Birthplace: Unavailable (City, town, or county) (State or foreign country)
14. Maiden name: Unavailable
15. Birthplace: Unavailable (City, town, or county) (State or foreign country)
16. (a) Informant: M. Schilling
(b) Address: Clinical Clerk, VAF, Jeff. Bks., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-3-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Vandalia, Mo.
18. (a) Signature of funeral director: Waters Funeral Home
(b) Address: Vandalia, Mo.
19. (a) APR 30 1943 (Date received local registrar) (b) C. G. McGuire M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 29th, year: 1943 hour: 2:20 minute: P. M.
21. I hereby certify that I attended the deceased from April 27, 1943 to April 29, 1943 that I last saw him alive on April 29, 1943 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Coronary arteriosclerotic heart disease, myocardial damage, myocardial insufficiency and acute | |
| Due to: cardiac dilatation. | Unknown. |
| Due to: - | |
| Other conditions (Include pregnancy within 3 months of death): Cerebral arteriosclerosis with mental deterioration, incompetent | Unknown. |

Major findings:
Of operations: No operation.
Of autopsy: No autopsy.

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): no
(b) Date of occurrence:
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work? (Specify type of place) Means of injury:
23. Signature: L. M. COCHRAN, M.D., (M. D. or other)
Address: Chief Medical Officer Date signed: 4/29/43.

(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.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**