

FILED JUN 4 1943 318

Primary Registration District No. 1003

Registrar's No. \_\_\_\_\_

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:  
Missouri Pacific Hospital. 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

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. #5463 Delmar Blv'd.,  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 24 / 43  
year \_\_\_\_\_ hour 8:30 minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from 5/21/43  
\_\_\_\_\_ 19\_\_\_\_ to 5/24/43 19\_\_\_\_;  
that I last saw him alive on 5/24/43 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Cerebral Hemorrhage Duration 3 days  
Due to Hypertensive Heart Disease 5 yrs.  
Due to Arteriosclerosis 10 yrs.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Co. Q7  
Major findings:  
Of operations \_\_\_\_\_  
Of 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) \_\_\_\_\_  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature J. F. Bredack (M. D. or other) \_\_\_\_\_  
Address 100 Pacific St. St. Louis Date signed 5/24/43

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

3. (a) PRINT FULL NAME JOHN ANDREW.

3. (b) If veteran, name war none. 3. (c) Social Security No. 702-09-0686

4. Sex Male. 0 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Fannie Abbott Andrew. 6. (c) Age of husband or wife if alive 66. years

7. Birth date of deceased August 6, 1868.  
(Month) (Day) (Year)

8. AGE: Years 74. Months 9. Days 18. If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Glasgow, Scotland. 7  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter.

11. Industry or business American Refrig, Transit

12. Name Alex Andrew.

13. Birthplace Scotland. 4  
(City, town, or county) (State or foreign country)

14. Maiden name Agnes Drummond.

15. Birthplace Scotland. 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Fannie Abbott Andrew.

(b) Address 5463 Delmar Boulevard.

17. (a) Cremation. (b) Date thereof 5/27/1943.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory.

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address #7233 Delmar Blv'd.,

19. (a) MAY 26 1943 (b) J. F. Bredack  
(Date received for registration) (Registrar's signature)

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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 Paul Summer, Registered Apprentice No. 351

working under my personal supervision.

Signed Bradford A. Miles  
Licensed Embalmer No. 2901  
P. O. Address University City

- 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.