

FILED MAY 15 1944 8

Registration District No.

Primary Registration District No.

1003

Registrar's No.

4200

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:  
St. John's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 Days  
(Specify whether  
In this community 35 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 17  
(d) Street No. 7041 Glades Avenue  
(If rural, give location) 94  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Mr. Michael Andrews

3. (b) If veteran, name war World War No. 1 3. (c) Social Security No. 493-10-9077

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Marguerite Kay Andrews 6. (c) Age of husband or wife if alive 48 years  
7. Birth date of deceased August 9, 1888  
(Month) (Day) (Year)

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

9. Birthplace Bergoubitsa, Fellois, Greece  
(City, town, or county) (State or foreign country)

10. Usual occupation Street Car Operator

11. Industry or business St. Louis Public Service Co.

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Michael Andrews

(b) Address 7041 Glades Avenue

17. (a) Burial (b) Date thereof May 6 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park

18. (a) Signature of funeral director Beiderwieden F. H. Inc.

(b) Address 1936 St. Louis Avenue

19. (a) MAY 6 1944 (b) J. F. Bruck  
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month May day 3rd  
year 1944 hour 1 minute 00 A.M.

21. I hereby certify that I attended the deceased from 4/25/44 1944 to 5/3/44 1944;  
that I last saw him alive on 5/2/44 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death Art. scler. heart disease (6)  
Due to Coronary occlusion 3

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations 9/4  
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. Bruck (M. D. or other) 200  
Address Humboldt Bldg Date signed 5/4/44

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

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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.....

*John J. Krupin*

Licensed Embalmer No.....

*3097*

P.O. Address.....

*1936 St. Louis*

**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.**