S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 14 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25381

State File No.

Registration District No. Primary Registration District No. Registrar's No. 7772

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: 4127a Manchester Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 55 yea rs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 18

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4127a Manchester Ave. Manchest
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mr. Andreas J. Andresen

3. (b) If veteran, name war World War 1

3. (c) Social Security No.

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Mrs. Elsie M. Andresen

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased June (Month) 30 (Day) 1890 (Year)

8. AGE: Years 55 Months 2 Days 3 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Poloris Co.

FATHER
12. Name Andreas C. D. Andresen
13. Birthplace Denmark (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Amalia Wedemeyer
15. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs. Elsie M. Andresen
(b) Address 4127a Manchester Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-5-45 (Month) (Day) (Year)
(c) Place: burial or cremation Hiram Cemetery

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

19. (a) SEP 5 1945 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 2nd. year 1945 hour 5:45 PM minute M.

21. I hereby certify that I attended the deceased from Nov. 15th 1944 to Sept 2nd 1945 that I last saw her alive on Aug 31 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute dilitation of heart	30 m
Due to: mitral regurgitation	2 yr
Due to: 9 131	
Other conditions (Include pregnancy within 3 months of death): Chronic interstitial nephritis	2 yr

Major findings:
Of operations none made
Of autopsy none made

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 Joseph Davis (M. D. or other)
Address 406 Frisco Bldg Date signed 9-4-45

(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 John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis Ave

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.