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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31

FILED FEB 3 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 889

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: Alexian Brothers Hospital
(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. 2741a Accomac Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MICHAEL ANDYBUR

3. (b) If veteran, name war

3. (c) Social Security No. 488-07-7693

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Catherine

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased November, 18, 1892 (Month) (Day) (Year)

8. AGE: Years 53 Months 2 Days 4 If less than one day hr. min.

9. Birthplace Galicia, Austria 4
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Hinge Mfg.

FATHER
12. Name John Andybur
13. Birthplace Galicia, Austria 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Wladyka
15. Birthplace Galicia, Austria 4
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Andybur

(b) Address 2741 Accomac Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/26/46 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul Cem.
(Specify type of place)

18. (a) Signature of funeral director CHULICK UND. CO. INC.

(b) Address 1722 S. Jefferson Ave.

19. (a) JAN 28 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22nd year 46 hour 10:40 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 17, 1945, to Jan. 22nd., 1946 that I last saw him alive on Jan. 22nd., 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma at head of pancreas. — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma at head of pancreas.
Of autopsy No

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? (e) Means of injury

23. Signature (M. D. or other)

Address 1319 So. Bdway. Date signed 1/25/46

(Licensed Embalmer's Statement on Reverse Side) (FRANK DEMKO)

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

2243

688

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 Ronald O Yahnke

Licensed Embalmer No. 3917

P. O. Address 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.