

No. 2
-5-43
5-17-39
I X38671

FILED DEC 9 1946
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

(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. Mary's Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 1/2 hours
(Specify whether years, months or days)

In this community 3 1/2 years, months or days

3. (a) PRINT FULL NAME James Ella Andrews

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female **5. Color or race** Col.

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 November 20, 1946
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>00</u>	<u>0</u>	<u>0</u>	<u>1 hr. 30 min.</u>

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

10. Usual occupation None

11. Industry or business Infant

12. Name Albert Andrews

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

14. Maiden name Mable Clark

15. Birthplace E. St. Louis, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant X Albert Andrews

(b) Address 1410 Central Ave

17. (a) Removal Removal **(b) Date thereof** 11-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Booker Washington

18. (a) Signature of funeral director C. J. Nash

(b) Address 3847 Pagey Blvd

19. (a) NOV 26 1946 J. F. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair **999**

(c) City or town E. St. Louis **11**
(If outside city or town limits, write "RURAL")

(d) Street No. 1410 Central Ave.
(If rural, give location) **NR 0**

(e) Citizen of foreign country? _____ (Yes or No) **2**

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20
year 1946 hour 11 minute 30A. M.

21. I hereby certify that I attended the deceased from 11/20, 1946, to 11/20, 1946
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Amputation (mo)

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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. Bredeek (M. D. or other) _____

Address 1504 1/2 E. 22 St Date signed 11/21/46

Duration 2 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Claudia M. Nash..... Registered Apprentice No. 424
working under my personal supervision.

Signed C. J. Nash.....

Licensed Embalmer No. 2482.....

P. O. Address 3847 Page Blvd.....

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.