

National Office of Vital Statistics  
FILED JAN 17 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 42335  
Registrar's No. 438

Registration District No. 209

Primary Registration District No. 3043

1. PLACE OF DEATH:

(a) County. Marion  
(b) City or town. Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Leveering hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 3 mo.  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Marion  
(c) City or town. Hannibal  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1522 Lyon  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Albert H. Andris

3. (b) If veteran, name war..... 3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17  
year 1947 hour ..... minute 7.30a

21. I hereby certify that I attended the deceased from June 11, 1946, to Dec. 17, 1947  
that I last saw him alive on Dec. 17, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death. Basal pneumonia 7 days  
Duration

Due to Chronic myocarditis  
arteriosclerotic type

Due to hypertrophy of prostate

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

Major findings: Of operations.....  
Of autopsy.....  
PHYSICIAN  
Underline the cause of which death should be charged statistically.

4. Sex. Male 5. Color or race. White  
6. (a) Single, widowed, married, divorced. Widowed  
6. (b) Name of husband or wife. ##### 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased. June 12th 1869  
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 5 If less than one day hr. min.

9. Birthplace. Erie Penna.  
(City, town, or county) (State or foreign country)

10. Usual occupation. Contractor

11. Industry or business.....

12. Name. Herman Andris

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

14. Maiden name. Julia Robald

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

16. (a) Informant. Miss Inez Schwartzburg

(b) Address. Marion Hotel Hannibal

17. (a) Burial (b) Date thereof. 12-20-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Mt. Olivet Cemetery

18. (a) Signature of funeral director. James O. O'Brien

(b) Address. Hannibal, Mo.

19. (a) 12-31-47 (b) W. E. M. Tucker  
(Date received local registrar) (Registrar's signature)

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

4  
3  
4

64  
3  
4  
0

MOTHER FATHER

711  
12/24/47

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..... *Michael J. Adamec* .....

Licensed Embalmer No..... *3244* .....

P. O. Address..... *Sanibel, MS* .....

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.