No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 12 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 171

Primary Registration District No. 1000

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2626 Francis Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution not (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 2626 Francis Street
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William Eugene Andriano

3. (b) If veteran, name war None

3. (c) Social Security No. 491-10-2652

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Sylvia L. Andriano

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased December (Month) 13 (Day) 1877 (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	0	18	hr. min.

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

10. Usual occupation Retired Coal Dealer

11. Industry or business Todd Sunshine Coal Co.

FATHER
12. Name Gustavus Andriano
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Emma Goelitz
15. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs. Sylvia L. Andriano
(b) Address 2626 Francis St., St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 5, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Mora Cemetery.

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 1-8-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1st year 1948 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from One Visit Jan -1- 1948 to 19 ; that I last saw him alive on Did not see him alive 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	Few days
Due to Coronary Sclerosis	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

94A

PHYSICIAN

Underline the cause of 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) 0

While at work? (e) Means of injury

23. Signature T. L. Howden (M. D. or other) MD

Address 620 Francis St. Date signed 1-2-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) St. Joseph, Missouri.

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 Elbert P. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.