

FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 528
2419

| | | | | | | | |
|---|--|---|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>318</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY <u>None</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>None</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Louis</u> | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Louis</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>4357 Cottage Avenue</u> | | | | d. STREET ADDRESS (If rural, give location) <u>4357 Cottage Avenue</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> | | b. (Middle) <u>H.</u> | | c. (Last) <u>Andrews, Sr.</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 16 1949</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>Negro</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>7/10/84</u> | |
| 9. AGE (In years last birthday) <u>64</u> | | 10. KIND OF BUSINESS OR INDUSTRY <u>Bank</u> | | 11. BIRTHPLACE (State or foreign country) <u>Selma, Alabama</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Messenger</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Bank</u> | | 11. BIRTHPLACE (State or foreign country) <u>Selma, Alabama</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Unavailable</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unavailable</u> | | 14. NAME OF WIFE OR WIFE <u>Viola</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Viola Andrews, 4357 Cottage Ave</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>82 20 1</u> | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>Dec 25, 1948</u> , to <u>Jan 16, 1949</u> , that I last saw the deceased alive on <u>Jan 16, 1949</u> , and that death occurred at <u>10 A.M.</u> from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>P. Haskell</u> | | | | 23b. ADDRESS <u>4270^a Finney Ave</u> | | 23c. DATE SIGNED <u>Jan 18/49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Jan 19, 1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u> | |
| DATE REC'D BY LOCAL <u>JAN 19 1949</u> | | REGISTRAR'S SIGNATURE <u>J. B. Sasser</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Charles J. Gates, 4107 Finney Ave</u> | | | |

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed *John K. Cunningham*

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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.