

FILED APR 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11980

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>67</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>		c. LENGTH OF STAY (in this place) <u>6 da.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sullivan</u>		36 4	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>H. Francis Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>222 Miller St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALEXANDER</u>		b. (Middle)		c. (Last) <u>ANDRUE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 16 1949</u>	
5. SEX <u>Male</u>		6. COLOR OF RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec. 9-1959</u>	
9. AGE (In years last birthday) <u>89</u>		IF UNDER 1 YEAR Months <u>4</u> Day <u>7</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during major of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Rolla, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Alexander Andrae</u>		13b. MOTHER'S MAIDEN NAME <u>Not Known & Eliza Carney</u>		14. NAME OF HUSBAND OR WIFE <u>Divorced</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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Rolla Andrae</u>		ADDRESS <u>Washington, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>410X</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocardial stenosis - Aneurysm</u>				INTERVAL BETWEEN ONSET AND DEATH	
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) <u>No</u>		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>2-10-1949</u> to <u>4-16-1949</u> , that I last saw the deceased alive on <u>4-15-1949</u> , and that death occurred at <u>9:00 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. M. Lenny M.D.</u> (Degree or title)				23b. ADDRESS <u>Union Mo</u>		23c. DATE SIGNED <u>4-17-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-19-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rolla, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>April 18, 1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>990 [Signature]</u>		ADDRESS <u>Washington, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

36
6
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Date Filed APR 27 1949
District File Number

District Health Officer No. 9,
RECEIVED

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 _____

M. Willenbrink

Signed _____
Student Embalmer

Licensed Embalmer No. 45115

P. O. Address Washington, Missouri

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.