

STANDARD CERTIFICATE OF DEATH

20724

State File No.

FILED JUL 15 1949

318

1003

Registrar's No. 5922

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5922			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis 95					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0		c. LENGTH OF STAY (in this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood		5			
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp.				d. STREET ADDRESS (If rural, give location) 7128 Drury Lane					
3. NAME OF DECEASED (Type or Print) a. (First) IDA			b. (Middle) _____			c. (Last) ANDRIS			
4. DATE OF DEATH July 4th, '49		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH Feb. 3, 1891		9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months 5		IF UNDER 24 HRS. Days 1			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) Maries Co. Mo. 0			
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME Gerald Lawson		13b. MOTHER'S MAIDEN NAME Sara Wyrick		14. NAME OF HUSBAND OR WIFE Wenzel Andris			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS June Andris 7128 Drury Lane Maplewood, Mo.					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Peritonitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rupture ulcer ileum</u> DUE TO (c) <u>probable lymphosarcoma</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH 1 day 1 day ?	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 552		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 198a							
22. I hereby certify that I attended the deceased from <u>7/3</u> , 19 <u>49</u> , to <u>7/4</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>7/4</u> , 19 <u>49</u> , and that death occurred at <u>4:30</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>John E. Strain M.D.</u>				23b. ADDRESS 539 N. Grand		23c. DATE SIGNED 7/6/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/7/49		24c. NAME OF CEMETERY OR CREMATORY St. Peter & Pauls Cem.		24d. LOCATION (City, town; or county) (State) St. Louis Co. Mo.			
DATE REC'D BY LOCAL REG. _____		REGISTRAR'S SIGNATURE <u>J. B. Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS J. B. Smith 7456 Manchester Maplewood, Mo.					

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 _____

Ronald O. Yahnske

Signed.....
Student Embalmer

Licensed Embalmer No. 3917

P. O. Address St. Louis, Mo.

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.