

FILED OCT 26 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35645**

**BIRTH NO.** \_\_\_\_\_ **REG. DIST. NO.** 317 **PRIMARY REG. DIST. NO.** 3065 **Registrar's No.** 2519

<b>1. PLACE OF DEATH</b> a. COUNTY <u>ST. LOUIS</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GLENDALE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GLENDALE</u>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <u>954 DEWYER AVE.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>954 DEWYER AVE.</u>		e. STREET ADDRESS _____	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) <u>L.</u> c. (Last) <u>ANDREWS.</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>SEPT. 17, 1950</u>	
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>MARRIED</u>	<b>8. DATE OF BIRTH</b> <u>AUG. 11, 1872</u>
<b>9. AGE</b> (In years last birthday) <u>78</u>		<b>9. AGE</b> (If under 1 year) Months _____ Days _____	<b>9. AGE</b> (If under 1 year) Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>FARMER (RETIRED)</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> -----	<b>11. BIRTHPLACE</b> (State or foreign country) <u>MISSOURI</u>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>		<b>13a. FATHER'S NAME</b> <u>JOSEPH B. ANDREWS</u>	
<b>13b. MOTHER'S MAIDEN NAME</b> <u>MARY RENNOLDS</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>EULALIE G ANDREWS</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>		<b>16. SOCIAL SECURITY NO.</b> <u>NONE</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>C. F. IRWIN</u>
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Chronic myocarditis.</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>1yr +</u>	
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive cardiovascular.</u> DUE TO (c) <u>Cerebral hemorrhage</u> <u>Arteriosclerosis</u>		<u>1yr +</u> <u>Aug. 1950</u>	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		<u>443X</u>	
<b>19a. DATE OF OPERATION</b> <u>No</u>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>331X</u>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>No</u>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>ST. LOUIS MISSOURI</u>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED WHILE AT WORK?</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from</b> <u>April 19, 1949</u> , to <u>Oct 17, 1950</u> , that I last saw the deceased alive on <u>Oct. 11, 1950</u> , and that death occurred at <u>1 A. m.</u> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> (Degree or title) <u>J. Bedw. Lewis</u>		<b>23b. ADDRESS</b> <u>864 Hamilton St. Louis 12 Missouri</u>	<b>23c. DATE SIGNED</b> <u>10-17-50</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>BURIAL</u>	<b>24b. DATE</b> <u>OCT. 19, 1950</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>OAK GROVE CEMETERY</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>ST LOUIS COUNTY, MISSOURI</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>10-18-50</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Herbert R. Donke</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Mrs. R. Lupton &amp; Sons; 7233 Delmar Blvd.,</u>	

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

RWR (Licensed Embalmer's Statement on Reverse Side)

Dr. J. Fred W. Clark  
864 Hamilton Ave.  
~~1-4~~ P.M. Tues.

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *Melvin L. Kemper*.....

Licensed Embalmer No. *405-2*.....

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.