

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 16 1952

318

1003

State File No.

43276

11658  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. COUNTY 2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital #1			e. STREET ADDRESS (If rural, give location) 1026 Rutger St			
3. NAME OF DECEASED (Type or Print) Andrew		a. (First)	b. (Middle)	c. (Last) Rene	4. DATE OF DEATH (Month) (Day) (Year) 12-30-1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH 3-3-1878	9. AGE (In years last birthday) 73	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Warehouse Man		10b. KIND OF BUSINESS OR INDUSTRY Columbia Terminal Co		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Ludwig Carl Rene		13b. MOTHER'S MAIDEN NAME Sophia Andrlson		14. NAME OF HUSBAND OR WIFE *****		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Walter Rene		ADDRESS 856 Marshall Ave	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 48 hrs.
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral hemorrhage</i>				
		ANTECEDENT CAUSES				
		*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
		DUE TO (b) _____				
		DUE TO (c) _____				
		II. OTHER SIGNIFICANT CONDITIONS				
		Conditions contributing to the death but not related to the disease or condition causing 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)		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 231X		
22. I hereby certify that I attended the deceased from <u>12-28-51</u> , 19 <u>51</u> , to <u>12-30-51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12-30-51</u> , 19 <u>51</u> , and that death occurred at <u>7:30A.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <i>John T. Lawton, M.D.</i>			23b. ADDRESS 1515 Lafayette		23c. DATE SIGNED 12-31-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-31-1951	24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery		24d. LOCATION (City, town, or county) (State) 7901 Gravois Ave. Mo	
DATE REC'D BY LOCAL REG. DEC 3 1951		REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Zingachem Bros.</i> ADDRESS 6409 Gravois Ave		

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.

Signed.....  
Student Embalmer

Signed.....  
Student Embalmer No. ....  
*Van M. Sigenberg*

Licensed Embalmer No. *4343*

P. O. Address.....

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.