

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19141

FILED MAY 18 1953

State File No. 4581

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY OR TOWN St. Louis, Missouri		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 25 1419 No. 8th St., Apt. 100			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital		3. NAME OF DECEASED a. (First) JOHN b. (Middle) J. c. (Last) ANDELL, SR.		4. DATE OF DEATH (Month) (Day) (Year) MAY 4, 1953	
5. SEX Male 17	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH Nov. 12, 1893	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Candy Worker		10b. KIND OF BUSINESS OR INDUSTRY Chase Candy Co.	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John J. Andell		13b. MOTHER'S MAIDEN NAME Martha George		14. NAME OF HUSBAND OR WIFE Irene Andell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes World War #1		16. SOCIAL SECURITY NO. 499-01-4110		17. INFORMANT'S SIGNATURE OR NAME Mrs. Irene Andell ADDRESS 1419 N. 8th St.	
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.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Rheumatic & Syphilitic Heart Disease</i></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Caner of Prostate with Hypertension & Alcolmia</i></p>			INTERVAL BETWEEN ONSET AND DEATH <i>30 yrs</i>
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)	
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? <i>023XH</i>	
22. I hereby certify that I attended the deceased from <i>4-30-53</i> , 19___, to <i>5-4-53</i> , 19___, that I last saw the deceased alive on <i>5-4-53</i> , 19___, and that death occurred at <i>5:45P</i> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>Charles Brunson M.D.</i>		23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 5-5-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 8, 1953		24c. NAME OF CEMETERY OR CREMATORY National Cemetery	
24d. LOCATION (City, town, or county) Jefferson Barracks, Mo.		24e. (State)			
DATE REC'D BY LOCAL REG. MAY 5 1953		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>		25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>W. Hacker - Helderle - 3634 Gravois Ave.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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..

Student.....
Signature of Student Embalmer

Signed *Robert C Wheeler*.....

Licensed Embalmer No... *21*.....

P. O. Address *.....*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.