

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20201

FILED MAY 28 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1304

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST-LOUIS</u>	
b. CITY OR TOWN <u>RICHMOND HEIGHTS</u>		c. CITY OR TOWN <u>WEBSTER GROVES</u>	
c. LENGTH OF STAY (in this place) <u>3 WEEKS</u>		d. STREET ADDRESS (If rural, give location) <u>40 N. JACKSON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST MARYS HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) <u>CARRIE GAULBERT ANDREWS</u>			4. DATE OF DEATH <u>5-8-1953</u>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>JAN.-14-1897</u>	9. AGE (In years last birthday) <u>56</u>	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>WILLIAM O. ANDREWS</u>		13b. MOTHER'S MAIDEN NAME <u>MARY THURSTON ROGERS</u>		14. NAME OF HUSBAND OR WIFE <u>NOT MARRIED</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>Mary Andrews</u> ADDRESS <u>40 N. Jackson</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>mitral stenosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>410X</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Auricular Fibrillation</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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?

22. I hereby certify that I attended the deceased from 1957, to Aug 8, 1953, that I last saw the deceased alive on Aug 8, 1953, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. J. Volkmann</u> (Degree or title)	23b. ADDRESS <u>53 W. Big Bend</u>	23c. DATE SIGNED <u>5/9/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY-11-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BELLEFONTAIN</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>
DATE REC'D BY LOCAL REG. <u>5-9-53</u>	REGISTRAR'S SIGNATURE <u>Leah D. Donald</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alfred Egan</u> ADDRESS <u>Home Webster Groves</u>	

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

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Leslie Welch* .....

Licensed Embalmer No. *4395* .....

P. O. Address *Abata Granes Md* .....

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.