

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32831

FILLED SEP 24 1953

State File No. ....

BIRTH NO. 38530 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8103

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY		
b. CITY OR TOWN <u>ST. LOUIS Mo</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>ST. LOUIS</u>		2109
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ANTHONY'S Hosp.</u>			d. STREET ADDRESS (If rural, give location) <u>3500 MIAMI</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>STEVEN</u>		b. (Middle) <u>ALAN</u>	c. (Last) <u>ANDRIES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 18 1953</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>JUNE 15 1963</u>	9. AGE (In years last birthday) <u>—</u>	10. F UNDER 1 YEAR <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>	
13a. FATHER'S NAME <u>WILFRED ANDRIES</u>		13b. MOTHER'S MAIDEN NAME <u>PEARL HOFFMEYER</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>WILFRED ANDRIES 3500 MIAMI</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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute Intestinal obstruction</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Strangulated N. indirect ligament hernia</u>					
DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Promaturity Birth wt 2 lbs. present</u> <u>Promaturity wt 6 1/2 lbs-</u>					
19a. DATE OF OPERATION <u>8-8-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Intestinal obstruction -</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>5610</u>			
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?			
22. I hereby certify that I attended the deceased from <u>8/8</u> <sup>noon</sup> 19 <u>53</u> , to <u>8/8</u> 19 <u>53</u> , that I last saw the deceased alive on <u>8/8</u> 19 <u>53</u> , and that death occurred at <u>10:47 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Insp. Thomas R. ...</u>		23b. ADDRESS <u>380 F. Wilmington Ave</u>		23c. DATE SIGNED <u>8-20-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Aug. 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>S. S. PETER &amp; PAUL</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>		
DATE REC'D BY LOCAL REG. <u>AUG 20 1953</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>	25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Kutis 2906 Genavia</u>			

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

after 1:30 pm. Thursday.

**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 \_\_\_\_\_

*James C. Hill*

Licensed Embalmer No. \_\_\_\_\_

*4347*

P. O. Address \_\_\_\_\_

*2905 Lava*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.