

KC 2 100 152  
Reg. # 109313

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34585**

CORRECTED COPY

BIRTH FILED **OCT 2 - 1952** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1339**

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>2229</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BARRACKS, MO.</b>		c. LENGTH OF STAY (in this place) <b>54 DAYS</b>	c. CITY OR TOWN <b>ST. LOUIS</b>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMIN. HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>1805 LASALLE STREET</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>BRUCE</b> b. (Middle) <b>(NMI)</b> c. (Last) <b>ANDREWS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5-11-53</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>1-6-87</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LEATHER CUTTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SHIRT &amp; SAMPLE CASE MFG.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS, MO.</b>
13a. FATHER'S NAME <b>JOHN ANDREWS</b>		13b. MOTHER'S MAIDEN NAME <b>WILVILA REEVES</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WWI</b>		16. SOCIAL SECURITY NO. <b>497-01-0725</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, JEFF. BRKS, MO.</b> ADDRESS
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>MEDICAL CERTIFICATION ACUTE BACTERIAL ENDOCARDITIS DUE TO HEMOLYTIC STAPHYLOCOCCUS AUREUS</b>	
		INTERVAL BETWEEN ONSET AND DEATH	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>GLOMERULONEPHRITIS EMBOLIC</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>0531</b>	
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) <b>VA</b>	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 <b>3-18-53</b> , 19___, to <b>5-11-53</b> 19___, and that death occurred at <b>8:00AM</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>RS/ R. A. ALLEN, M.D.</b>		23b. ADDRESS <b>VA HOSP. JEFF. BRKS, MO.</b>	23c. DATE SIGNED <b>8/18/53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8-14-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Jefferson Bks., Mo.</b>
DATE REC'D BY LOCAL REG. <b>5-13-53</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Donker M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. L. Ziegenheim &amp; Sons</b> ADDRESS <b>7027 Gravois</b>	

(Licensed Embalmer's Statement on Reverse Side)

No. 300  
 10  
 EUGENE S. NOLAN-REGISTRAR, JEFF. BRKS, MO.  
 WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD  
 I CERTIFY THAT THIS IS A TRUE COPY.  
 9-16-53

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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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail  
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.