

FILED JUL 27 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22648

BIRTH NO.		REG. DIST. NO. 160		PRIMARY REG. DIST. NO. 559		Registrar's No. 50			
1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institutional: residence before admission). a. STATE Mo b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give name of rural town) <del>St. Louis</del> <u>Forest Grove, Mo</u>		c. LENGTH OF STAY (In this place) 18 Mos		c. CITY OR TOWN Clayton		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Mountain View Nursing Home				e. STREET ADDRESS (If rural, give location) 20 N Meramec 4442					
3. NAME OF DECEASED (Type or Print) a. (First) Guy b. (Middle) Washington c. (Last) Andrews			4. DATE OF DEATH (Month) (Day) (Year) July 13 1955						
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 17 1874		9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supt Wagner Elec			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Samuel Andrews			13b. MOTHER'S MAIDEN NAME Ella Peyton			14. NAME OF HUSBAND OR WIFE Louise			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 492-09-3349		17. INFORMANT'S SIGNATURE OR NAME Mrs. H. T. Bigelow 7300 Forsyth				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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular Disease				INTERVAL BETWEEN ONSET AND DEATH Worse 1 Wk.	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4221					
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?					
22. I hereby certify that I attended the deceased from March 8, 1954, to July 12, 1955, that I last saw the deceased alive on July 12, 1955, and that death occurred at 2:45 A.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>W. H. Arnold, M.D.</u>				23b. ADDRESS 112 Miss Ave., Crystal City, Mo.		23c. DATE SIGNED 7-13-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 14 1955	24c. NAME OF CEMETERY OR CREMATORY Mt Lebanon		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo				
DATE REC'D BY LOCAL REG. 7-13-55		REGISTRAR'S SIGNATURE <u>John C. Rector</u> 502		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander & Sons 6175 Delmar					

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.46500  
4

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

JUL 22 1955

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.....  
*Joseph E. McCulloch*

Licensed Embalmer No. 246

P. O. Address 6175 P

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.