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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 29 1955

State File No. **30542**
Registrar's No. **8306**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		e. STREET ADDRESS (If rural, give location) 4131 Lathropman Av. 2110			
3. NAME OF DECEASED (Type or Print) a. (First) Andrew b. (Middle) R. c. (Last) Andersen		4. DATE OF DEATH (Month) (Day) (Year) Sept. 20, 1955			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 8, 1886	9. AGE (In years last birthday) 69	10. IF UNDER 1 YEAR Months 0 Days 12
10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) Motion Picture Actor		10b. KIND OF BUSINESS OR INDUSTRY Motion Picture Bus.		11. BIRTHPLACE (City and State or Foreign Country) Oslo Norway	
12. CITIZEN OF WHAT COUNTRY? Norway		13a. FATHER'S NAME Capt. Andrew Andersen		13b. MOTHER'S MAIDEN NAME Agnes Gulbrandson	
14. NAME OF HUSBAND OR WIFE Agnes Andersen		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 475-01-6708	
17. INFORMANT'S SIGNATURE OR NAME Agnes T. Andersen		17. ADDRESS 4549 Lyndall Minn.			
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) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH Aug 5, 1955 Years -
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331x		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 Aug. 5, 1955 , to Sept. 20, 1955 , that I last saw the deceased alive on Sept. 20, 1955 , and that death occurred at 12:35 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE Carl T. Rau		(Degree or title) M. D.		23b. ADDRESS BARNES HOSPITAL	
23c. DATE SIGNED 9/20/55		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-23-55	
24c. NAME OF CEMETERY OR CREMATORY Irving Park Cemu.		24d. LOCATION (City, town, or county) (State) Chicago Ill.			
DATE REC'D BY LOCAL REG. SEP 21 1955		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Ms. Bull-Camp	
		ADDRESS 5165 Delmar			

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..... *Karl E. Morris*

Licensed Embalmer No. *3360*

P. O. Address *605 Breneck
Lenox 23 ma*

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