

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42917
State File No.

FILED NOV 22 1957

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 2799

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> COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>	c. LENGTH OF STAY (in this place) <u>3 wks.</u>	c. CITY OR TOWN <u>Pacific</u>	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 <u>St. Joseph</u>		e. STREET ADDRESS (If rural, give location) <u>0360</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u>	b. (Middle) <u>✓</u>	c. (Last) <u>Andrae</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 11 1957</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 11, 1898</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 2 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hoisting engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>ENGINEER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis County</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Charles Andrae</u>	13b. MOTHER'S MAIDEN NAME <u>Maggie Miller</u>	14. NAME OF HUSBAND OR WIFE <u>Dora Andrae</u>
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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>488-03-5793</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dora Andrae</u> ADDRESS <u>Pacific, Mo.</u>
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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, asthemia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis, general</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>from carcinoma of sigmoid colon</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u>			

19a. DATE OF OPERATION <u>5-25-55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of sigmoid colon</u>	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" 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) (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 5-21-55, 19, to 11-11, 1957, that I last saw the deceased alive on 11-10, 1957, and that death occurred at 11-57 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lloyd S. Poluha M.D.</u>	23b. ADDRESS <u>109 N Taylor Kirkwood 22, Mo</u>	23c. DATE SIGNED <u>11-11-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Nov 13 '57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Pacific Mo</u>
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DATE REC'D BY LOCAL REG. <u>11-11-57</u>	REGISTRAR'S SIGNATURE <u>Hebeal R. Somber</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. John L. Thies</u> ADDRESS <u>Pacific Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEC 10 1957

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 *Ralph Ottmann*

Licensed Embalmer No. *4908*

P. O. Address *Union, Mo.*

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.