Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-016031
STATE FILE NUMBER

FILED MAY 15 1959 ...tion District No. 317 Primary Registration District No. 541 Registrar's No. 1277

1. PLACE OF DEATH
a. COUNTY St. Louis,
b. CITY OR TOWN Clayton, Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Mary's Hospital, HRS. Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri, b. COUNTY St. Louis,
c. CITY OR TOWN Mehlville, 4000. Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) Rt. 9, Box 587-N Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Middle Last
Infant Victoria Mary Andrews,

4. DATE OF DEATH Month Day Year May 7, 1959

5. SEX Female.

6. COLOR OR RACE White,

7. MARRIED ☐ **NEVER MARRIED** ☒ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH May 6, 1959

9. AGE (In years last birthday) ---- IF UNDER 1 YEAR Months ---- Days ---- IF UNDER 24 HRS. Hours 21 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ----

10b. KIND OF BUSINESS OR INDUSTRY ----

11. BIRTHPLACE (City and state or country) Clayton, Missouri,

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William J. Andrews,

13b. MOTHER'S MAIDEN NAME Virginia M. Kramer,

14. NAME OF HUSBAND OR WIFE ----

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Address Mehville, Mo.
William J. Andrews, Rt. 9, Box 587-N

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: Since Birth
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardiomegaly (Etiology Unknown)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Mother Diabetic 7545

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6 May, to 7 May and last saw her/him alive on 7 May
Death occurred at 6:35 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert J. Berube M.D.

22b. ADDRESS St Louis 9 Mo 16 Hampton Village Clayton

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial,

23b. DATE May-8-1959.

23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR Gebken-Benz Mortuary, ADDRESS 2842 Meramec St. St. Louis, 18, Mo.

25. DATE RECD. BY LOCAL REG. 5-8-59

26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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. -------- No.Embalming.----------

Student .....
Signature of Student Embalmer

Signed Joe B. Berry

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St
St. Louis, 18,

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.