

Gus Andrews in entry for Jenny Andrews, "Utah Death Certificates, 1904-1956"

Name: Jenny Andrews
Titles and Terms:
Event Date: 24 Apr 1952
Event Place: Salt Lake City, Salt Lake, Utah, United States
Birth Date: 15 Feb 1898
Birth Year (Estimated):
Birthplace: Samara, Greece
Age (Formatted): 54 years
Gender: Female
Marital Status: Married
Race: Caucasian
Spouse's Name: Gus Andrews
Father's Name: Theodore Veliotes
Father's Titles and Terms:
Mother's Name: Helen
Mother's Titles and Terms:
GS Film number:
Digital Folder Number: 4093469
Image Number: 0045
Reference ID: 5201781

Citing this Record

"Utah Death Certificates, 1904-1956," index and images, *FamilySearch* (<https://familysearch.org/pal:/MM9.1.1/XZPT-BXB> : accessed 03 Jan 2014), Gus Andrews in entry for Jenny Andrews, 24 Apr 1952.

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BIRTH NO. 143 5 2 0 1 7 8 1 UTAH

REGISTRAR'S NO. 839

1. PLACE OF DEATH a. COUNTY Salt Lake			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Utah b. COUNTY Salt Lake		
b. CITY (If outside corporate limits, write RURAL) OR TOWN Salt Lake City		c. LENGTH OF STAY (this place)	c. CITY (if outside corporate limits, write RURAL) OR TOWN Salt Lake City		
d. FULL NAME OF (If not in hospital or institution, give st. address or loc.) HOSPITAL OR INSTITUTION L.D.S. Hospital			d. STREET ADDRESS (If rural, give location) 3546 Redwood Road		
3. NAME OF DECEASED (Type or Print) a. (First) JENNY		b. (Middle)	c. (Last) ANDREWS		4. DATE OF DEATH (Month) (Day) (Year) 4-24-52
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Mo. 2 Day 15 Year 1898		9. AGE (In yrs. last birthday) 54
10a. USUAL OCCUPATION (Give kind of work done most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and State or foreign country) Samara, Greece		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME Theodore Veliotes Birthplace Greece		14. MOTHER'S MAIDEN NAME Helen (unknown) Birthplace Greece		HUSBAND'S OR WIFE'S NAME Gus Andrews	
15. WAS DECEASED ever in U.S. ARMED FORCES (Yes, no, or unknown) no		16. SOCIAL SECURITY No. none	17. INFORMANT and ADDRESS Stanley Andrews, 3546 S. Redwood Rd.		
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) Tumor of Pancreas ANTECEDENT CAUSES 157X DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 Amblyopia
19a. DATE OF OPERATION	19. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY or TOWN) (COUNTY) (STATE)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURED 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 Nov., 1950, TO Apr., 1952, THAT I LAST SAW THE DECEASED ALIVE ON Apr. 24, 1952, AND THAT DEATH OCCURED AT 6:00 P.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
23a. SIGNATURE J. Huber M.D.		(Degree or title)	23b. ADDRESS Medical Arts Bldg.		23c. DATE SIGNED Apr. 25, 1952
24a. BURIAL, CREMATION, REMOVAL burial (Specify)	24b. DATE 4-29-52	24c. NAME OF CEMETERY or CREMATORY Mt. Olivet Cemetery		24d. LOCATION (City, town, or county) (State) Salt Lake City, Utah	
DATE REC'D BY	REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS		

N.B.—WRITE PLAIN WITH UNFADING INK—THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.