

U.S. DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **28373**

FILED SEP 7 1948

Registration District No. **377**

Primary Registration District No. **3063**

Registrar's No. **1932**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **Chayton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **22 days 2 hrs.**
(Specify whether years, months or days) **33 yrs.**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Richmond Heights**
(If outside city or town limits, write "RURAL")
(d) Street No. **7114 Colades**
(If rural, give location)
(e) Citizen of foreign country? **(Yes or No)**
If yes, name country

3: (a) PRINT FULL NAME **OLLIE ANAKEDS**
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex **Female** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **JAMES ANAKEDS** 6. (c) Age of husband or wife if alive **57** years
7. Birth date of deceased **SEPT. 20, 1883**
(Month) (Day) (Year)

8. AGE: Years **64** Months **10** Days **28** If less than one day hr. min.

9. Birthplace **Festus Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Willie Hooce**

13. Birthplace **UNKNOWN** 9
(City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN** 9

15. Birthplace **UNKNOWN** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **HOSPITAL RECORDS**

(b) Address **601 So. Brentwood**

17. (a) **BURIAL** (b) Date thereof **8/18/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **ST. PAUL'S CHURCH**

18. (a) Signature of funeral director **J. M. Schumacher**

(b) Address **3013 MERAMEC ST.**

19. (a) **8/17/48** (b) **Carl A. Shoop**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **AUG.** day **15** year **1948** hour **12** minute **20** P. M.

21. I hereby certify that I attended the deceased from **July 23 3:10 PM**, 1948 to **AUG 15 12:20 PM**, 1948
that I last saw her alive on **AUG. 15**, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral emboli
Herniation of left ventricle
due to old myocardial
infarction**
Due to **arteriosclerotic heart disease**

Due to **938**
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy **None**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury **(1)**

23. Signature **Kenn B. Todd** (M. D. or other) **MD**
Address **601 Brentwood Blvd.** Date signed **8/16/48**

Duration of life **4 hrs**
3 yrs.
PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Francis Williamson*.....

Licensed Embalmer No. *3565*.....

P. O. Address..... *St. Louis 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 this body is not embalmed, fact should be so stated above.