

FILED MAY 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16958

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>3058</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lincoln</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>		c. LENGTH OF STAY (In this place) <u>18 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Troy Mo</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>/</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Samual</u>		b. (Middle) _____		c. (Last) <u>Anderson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May</u> <u>11</u> <u>1949</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 17, 1900</u>	
9. AGE (In years last birthday) <u>48</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stone Cutter</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>Mo U.S.A.</u>	
13a. FATHER'S NAME <u>Alexander Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Matilde Nickerson</u>		14. NAME OF SPOUSE OR WIFE <u>Helen Anderson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-18-8871</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Helen Anderson Troy, Mo.</u> ADDRESS _____			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arsenic Poisoning</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____			
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		ADDITIONAL INFORMATION REQUESTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
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) <u>St. Louis Co</u> (STATE) <u>Mo</u>			
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? <u>REQUESTED</u>			
22. I hereby certify that I attended the deceased from _____ at _____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:50 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Marie Murphy Cronin</u>				23b. ADDRESS <u>Wentzville Mo</u>		23c. DATE SIGNED <u>5-7-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-4-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 9-1949</u>		REGISTRAR'S SIGNATURE <u>Frank H. Hunsicker</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Richard J. Donnelly</u>		ADDRESS <u>3846 Lindell Blvd.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed MAY 25 1949

### 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

*Thomas R. Penwick*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3793

P. O. Address 3840 Linden

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.