

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 13 1949

24558
State File No. 6847

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) 11		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		_____	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOMER G. PHILLIPS				e. STREET ADDRESS (If rural, give location) 1006 OFALLON ST			
3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) ANDERSON c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) 8 2 1949				
5. SEX MALE		6. COLOR OR RACE COLO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 12.20.1913	
9. AGE (In years last birthday) 35		10. MONTHS 7		11. BIRTHPLACE (State or foreign country) MISSISSIPPI		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY PACKING HOUSE		11. BIRTHPLACE (State or foreign country) MISSISSIPPI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JOHN ANDERSON			13b. MOTHER'S MAIDEN NAME LUIE WILLIAMS			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NONE		16. SOCIAL SECURITY NO. 437.74.8508		17. INFORMANT'S SIGNATURE OR NAME JOHN ANDERSON ADDRESS 2307 FRANKLIN			
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) Gunshot wound of brain ANTECEDENT CAUSES suffered when shot with bullet in the hands of one Boone Anderson (cop) wife DUE TO (c) of deceased in home at 1006 Ofallon about 309 am Aug 2 1949				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION Homicide				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ST. LOUIS MISSOURI			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8 2 49 309		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? SHOT BY WIFE			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 309 A m. , from the causes and on the date stated above.							
23a. SIGNATURE Joseph Anderson (Degree or title) Deputy Coroner				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 8/6/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE 8-6-49		24c. NAME OF CEMETERY OR CREMATORY DARDALE		24d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI	
DATE REC'D BY LOCAL REG. AUG 6 1949		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE Allan Decker ADDRESS 3506 FRANKLIN			

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

am

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.....
Student Embalmer

Signed

James J. Smith
.....
Licensed Embalmer No. 4441
P. O. Address 3506 Franklin

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.