

FILED SEP 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32489
State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2438

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ballwin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ballwin	
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway #50		d. STREET ADDRESS (If rural, give location) Highway #50.	
3. NAME OF DECEASED (Type or Print), a. (First) Minerva b. (Middle) Jane c. (Last) Anderson		4. DATE OF DEATH (Month) (Day) (Year) Sept. 7, 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 13, 1870
9. AGE (In years last birthday) 79		10. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Washington Co. Mo. (1)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Houston Dotson		13b. MOTHER'S MAIDEN NAME Peggy Ann Lamore	
14. NAME OF HUSBAND OR WIFE Philip S. Anderson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no None	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Troy Montgomery, Ballwin, Mo.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocardial disease DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General arterial Sclerosis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) (COUNTY) (STATE)	
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?			
22. I hereby certify that I attended the deceased from July 2, 1949 , to Sept 7, 1949 , that I last saw the deceased alive on August 21, 1949 , and that death occurred at 4:25 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Henry F. Scott M.D.		23b. ADDRESS Ballwin Mo.	
23c. DATE SIGNED Sept 8-49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Sept. 9, 49		24c. NAME OF CEMETERY OR CREMATORY St. Francis Memorial Park	
24d. LOCATION (City, town, or county) (State) Bonne Terre, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schrader Funeral Home, Ballwin, Mo.	
DATE REC'D BY LOCAL REG. 9-8-49		REGISTRAR'S SIGNATURE Hedrick R. Hamblin	

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

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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.

Signed _____

Theo. Schrader

Signed _____

Student Embalmer

Licensed Embalmer No. _____

3066

P. O. Address _____

Dallwin, 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. . .