

FILED JAN 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42244

State File No. 10883

10883

1003

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		d. STREET ADDRESS (If rural, give location) <b>1321 Biddle</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HOMER G. PHILLIPS HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>1321 Biddle</b>					
3. NAME OF DECEASED (Type or Print) <b>Theopolis</b>			a. (First) _____		b. (Middle) _____		c. (Last) <b>ANDERSON</b>		
4. DATE OF DEATH <b>12-16-1949</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>7-26-1920</b>		9. AGE (In years last birthday) <b>29</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Blk.</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Radioman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own shop</b>			
11. BIRTHPLACE (State or foreign country) <b>Osceola Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Jake Anderson</b>		13b. MOTHER'S MAIDEN NAME <b>Mabel Whitfield</b>			
14. NAME OF HUSBAND OR WIFE <b>None</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Jake Anderson</b> ADDRESS <b>Caruthersville Mo</b>			
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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				ANTECEDENT CAUSES _____				DUE TO (b) <b>Lobar Pneumonia</b>	
Morbidity 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.									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. SUICIDE OR 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) <b>108</b>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Laceration</b>					
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 <b>8:50 p.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Patrick E. Taylor</b> (Degree or title) _____				23b. ADDRESS <b>1500 Clark</b>		23c. DATE SIGNED <b>12/17/49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12-17-1949</b>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <b>Caruthersville Mo</b>			
DATE REC'D BY LOCAL REG. <b>DEC 19 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Foster</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Howland Mortuary Svc</b> ADDRESS <b>4104 Manchester</b>					

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 7 1950

10883

MAR 11 1950

MAR 11 1950

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. ....

Student .....  
Student Embalmer

Signed

*J. Allen Davis Jr*  
Licensed Embalmer No. 4253

P. O. Address At. L. No.

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.