

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **00040**

3190

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

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS COUNTY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST LOUIS COUNTY</u>		d. STREET ADDRESS (If rural, give location) <u>126 Willis</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) _____ c. (Last) <u>ANDERSON</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 2, 1950</u>		5. SEX <u>MALE</u>	
6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Wife Deceased</u>	
8. DATE OF BIRTH <u>Oct 30 - 1883</u>		9. AGE (In years last birthday) <u>63</u> If UNDER 1 YEAR Months _____ Days _____ If UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer City</u>	
11. BIRTHPLACE (State or foreign country) <u>Grenada County Miss.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Albert Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Greene</u>	
14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give way or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Emma Thomas</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the liver</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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		156X	
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) _____	
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 <u>12-28, 1949</u> , to <u>1-2, 1950</u> that I last saw the deceased alive on <u>1-2, 1950</u> , and that death occurred at <u>8:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R.P. Cole</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>601 So. Brentwood, Clayton</u>	
23c. DATE SIGNED <u>1-8-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>1-9-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Father's Mission</u>	
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY, MO</u>		DATE REC'D BY LOCAL REG. <u>1-7-50</u>	
REGISTRAR'S SIGNATURE <u>Berbert A. Donkey</u>		F. FUNERAL DIRECTOR'S SIGNATURE <u>Thodore Handee</u> ADDRESS <u>130 Eldridge</u>	

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.

Student
Student Embalmer

Signed *Frederic J. Vandell*

Licensed Embalmer No. *4243*

P. O. Address *130 Eldridge
St. N. Wash. D.C.*

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. *Frederic J. Vandell*