

FILED MAY 5 1950

THE HEALTH DEPARTMENT OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14313

State File No.

318

1003

Registrar's No. 3859

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 3859	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer & Phillips Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>4064 West Belle Place</u>			
3. NAME OF DECEASED (Type or Print) <u>Bessie</u>		a. (First)		b. (Middle)		c. (Last) <u>Anderson</u>	
4. DATE OF DEATH		Month <u>April</u>		Day <u>24</u>		Year <u>1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Sept. 11, - abt 72</u>	
9. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 1 YEAR		IF UNDER 1 YEAR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Louisiana, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Bert James</u>		13b. MOTHER'S MAIDEN NAME <u>Polly -- Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Edward H. Anderson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edward H. Anderson</u> ADDRESS <u>4064 W. Belle</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Undetermined - Prob. Carcinoma of Liver</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Undetermined</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) <u>1510 A</u>			
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>4-9</u> 19 <u>50</u> , to <u>4-24</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4-24</u> , 19 <u>50</u> , and that death occurred at <u>8:10a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Montague L. Lawrence</u> (Degree or title) _____				23b. ADDRESS <u>2601 N Whittier St</u>		23c. DATE SIGNED <u>4-26-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4/29/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Louisiana, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>APR 27 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Casater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gates Funeral Home</u> ADDRESS <u>4107 Pinney Ave</u> <u>Charles J. Gates, Proprietor</u>			

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

3859

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.....

John K. Cunningham

Licensed Embalmer No. 4476

Signed.....
Student Embalmer

P. O. Address.....

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.