

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14316

State File No.

4081

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1093		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				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) St. Louis		c. LENGTH OF STAY (in this place) 9 yrs		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION En Route Homer Phillips Hosp				11. STREET ADDRESS (If rural, give location) 4349 Evans Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) Jesse			b. (Middle)		c. (Last) Anderson		4. DATE OF DEATH (Month) (Day) (Year) May 1, 1950
5. SEX Male ✓	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married ✓		8. DATE OF BIRTH June 1, 1894		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. 55	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10b. KIND OF BUSINESS OR INDUSTRY Emerson Electric		11. BIRTHPLACE (State or foreign country) Natchez, Mississippi		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME James Anderson			13b. MOTHER'S MAIDEN NAME Lucy Minor		14. NAME OF HUSBAND OR WIFE Violet Anderson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 499-12-8407		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Violet Anderson, 4349 Evans Avenue			
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) Cardiac Decompensation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Cardiac Arteriosclerotic DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) St. Louis			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Apr 11, 1950 to May 1, 1950 , that I last saw the deceased alive on May 1, 1950 , and that death occurred at 5:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE James P. Hayes D.O.				23b. ADDRESS 2929 Marcus		23c. DATE SIGNED May 5, 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5/6/50		24c. NAME OF CEMETERY OR CREMATORY Lynwood Cem		24d. LOCATION (City, town, or county) (State) Natchez, Miss	
DATE REC'D BY LOCAL REG. MAY 5 1950		REGISTRAR'S SIGNATURE J. B. Casater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. M. C. Green, 3517 Laclede Ave.			

(Licensed Embalmer's Statement on Reverse Side)

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

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. _____

Melvin E. Green

Student
Student Embalmer

Signed: *M.E. Green*

Licensed Embalmer No. 4428

P. O. Address St. Louis, 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.