

FILED FEB 23 1951

STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. 6-8-1884 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 601

118  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>St Louis, Mo.</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>St Louis, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Providence Hospital #1 City Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>736 So. Hanley Rd.</u>	
3. NAME OF DECEASED (Type or Print) <u>Roscoe Anderson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 19, 1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 8, 1884</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Attorney</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>- - -</u>	9. AGE (In years last birthday) <u>66</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Attorney</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>- - -</u>	11. BIRTHPLACE (State or foreign country) <u>La Belle, Missouri.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>William B. Anderson.</u>	
13b. MOTHER'S MAIDEN NAME <u>Missouri Lyon.</u>		14. NAME OF HUSBAND OR WIFE <u>Frances Nancy 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>Frances N. Anderson; Clayton, Mo.</u>		17. INFORMANT'S SIGNATURE OR NAME 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION <u>Coronary Accident</u> 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH a. ANTECEDENT CAUSES b. DUE TO (b) c. DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS	
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) <u>None</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 19 1951</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <u>Heart</u>		22. I hereby certify that I attended the deceased from <u>Jan 19, 1951</u> , to <u>Jan 19, 1951</u> , that I last saw the deceased alive on <u>Jan 19, 1951</u> , and that death occurred at <u>4:27 PM</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Wm. B. Tucker</u>		23b. ADDRESS <u>818 Olive St. St. Louis</u>	
23c. DATE SIGNED <u>Jan 19/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>1-22-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.R. Lupton &amp; Sons; 7233 Delmar Blvd;</u>	
DATE REC'D BY LOCAL REG. <u>JAN 20 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Lanster</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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Arnold W. Schoene*

Signed.....

Student Embalmer

Licensed Embalmer No. *3864*

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.