

FILED JUN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17779

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5105

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 2159	
c. LENGTH OF STAY (In this place) 15 yrs		d. STREET ADDRESS (If rural, give location) 4318 Oregon 0	
3. NAME OF DECEASED (Type or Print) a. (First) Julia b. (Middle) Anderson c. (Last) Anderson			
4. DATE OF DEATH June 2, 1951			

5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2	8. DATE OF BIRTH Apr 22, 1870	9. AGE (In years last birthday) 81	10. MONTHS UNDER 1 YEAR Days	11. HOURS UNDER 24 HOURS Min.
10a. USUAL OCCUPATION (Give kind of work denoting most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Waterloo, Ill. /		12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Peter Schmitt	13b. MOTHER'S MAIDEN NAME Elizabeth Rapp	14. NAME OF HUSBAND OR WIFE
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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. none	17. INFORMANT'S SIGNATURE OR NAME Mrs Frank Harris	ADDRESS 4421a Michigan
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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		INTERVAL BETWEEN ONSET AND DEATH 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Apoplexy</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic Cardiovascular Disease</i> DUE TO (c)		5 years
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 type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>fall</i>
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22. I hereby certify that I attended the deceased from *Jan 1, 1951*, to *June 2, 1951*, that I last saw the deceased alive on *6-5, 1951*, and that death occurred at *6:45 Am.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Peter M. Smith</i>	(Degree or title)	23b. ADDRESS <i>414 S. Grand</i>	23c. DATE SIGNED <i>6-2-51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 6/4/51	24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cem.	24d. LOCATION (City, town, or county) (State) Waterloo, Ill.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>J B Baseler</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>J L Ziegenhein & Sons</i>	ADDRESS 7027 Gravois
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravel

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.