

FILED MAY 28 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. _____					
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, Mo.</u>			c. LENGTH OF STAY (In this place) _____			d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			2089				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Parklane Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>7506 N. Broadway</u>						0			
3. NAME OF DECEASED (Type or Print) <u>Norman Anderson</u>				a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>May 14, 1951</u>			
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 22, 1911</u>		9. AGE (In years last birthday) <u>39</u>		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.	
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>St. Louis, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>0</u>			
13a. FATHER'S NAME <u>Leo Beller</u>				13b. MOTHER'S MAIDEN NAME <u>Norma Sember</u>				14. NAME OF HUSBAND OR WIFE <u>Raymond Anderson</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, state year or date of service) <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>R. Anderson</u>				ADDRESS <u>7506 N. Broadway</u>					
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) <u>Bulbar Paralysis</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>Parenchymatous Nephritis.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTEGRITY BETWEEN ONSET AND DEATH <u>5 days</u> <u>2 yrs +</u>	
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) _____									
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? <u>571X</u>									
22. I hereby certify that I attended the deceased from <u>5-10, 1951</u> , to <u>5-13, 1951</u> , that I last saw the deceased alive on <u>5-13, 1951</u> , and that death occurred at <u>12:20 p.m., 5-14-51</u> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>W. J. ...</u>				23b. ADDRESS <u>8201 N. Broadway</u>				23c. DATE SIGNED <u>5/14/51</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-16-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Parklawn Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Lemay, Mo.</u>							
DATE REC'D BY LOCAL REG. <u>MAY 15 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. ...</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Southern Funeral Home</u> ADDRESS <u>6322 S. Grand</u>							

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

Dr. Wm Knight  
8201 N. Broadway

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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 David Van Fossan

Licensed Embalmer No. 4282

P. O. Address 6322 So Grand

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.