

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24236

State File No.

Registrar's No. 5687

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St Louis Mo		c. CITY (If outside corporate limits, write RURAL and give township) St Louis MO 2219	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 2227A Franklin	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Hortense	b. (Middle) Smith	c. (Last) Anderson	June 20 1951		

5. SEX Female	6. COLOR OR RACE Cauc	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Aug 25-1897	9. AGE (In years last birthday) 53 IF UNDER 1 YEAR Months 9 Days 25 IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Memphis Tenn	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Mark Smith	13b. MOTHER'S MAIDEN NAME Mary Bell	14. NAME OF HUSBAND OR WIFE John Anderson
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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 Mary Bell Atkins	ADDRESS Atkins
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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 Undet.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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? HFX

22. I hereby certify that I attended the deceased from 5-9, 1951, to 6-20, 1951, that I last saw the deceased alive on 6-20, 1951 and that death occurred at 4 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. Weiss W. Harris, D.O.	23b. ADDRESS 2601 N Whittier St	23c. DATE SIGNED 6-20-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-22-51	24c. NAME OF CEMETERY OR CREMATORY Washington Park	24d. LOCATION (City, town, or county) (State) St Louis MO
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DATE REC'D BY LOCAL REG. JUN 23 1951	REGISTRAR'S SIGNATURE J. B. Pasater	25. FUNERAL DIRECTOR'S SIGNATURE A. L. Beal	ADDRESS Emb Co 323 Delmar
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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 Arthur L. Heilliard

Licensed Embalmer No. 4221

P. O. Address 4740th Campbell

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.