

STANDARD CERTIFICATE OF DEATH

State File No. 21703

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6214

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) OR TOWN Saint Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis	
c. LENGTH OF STAY (in this place) Yrs		2049	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6906 Wise Ave		d. STREET ADDRESS (If rural, give location) 4. 6906 Wise Ave.	
3. NAME OF DECEASED a. (First) (Type or Print) John		b. (Middle)	
c. (Last) Anderson		4. DATE OF DEATH (Month) (Day) (Year) 6 30 52	
5. SEX M 0	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7/15/81
9. AGE (In years, last birthday) 70		10. IF UNDER 1 YEAR Months 11 Days 15	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance		10b. KIND OF BUSINESS OR INDUSTRY Pauley Jail Bldg Co	
11. BIRTHPLACE (State or foreign country) 4. Wasa Finland		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Charles Anderson		13b. MOTHER'S MAIDEN NAME Louisa Johnson	
14. NAME OF HUSBAND OR WIFE Bertha Wehner 6906 Wise			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME B. B. Gummels, M.D. 1116 McCausland		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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION, I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Parkinsons Disease</i> INTERVAL BETWEEN ONSET AND DEATH <i>6 yrs.</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>myocarditis</i> <i>1 week.</i>	
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)		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		350X	
22. I hereby certify that I attended the deceased from <i>12-9</i> , 19 <i>46</i> , to <i>6/30/52</i> , 19____, that I last saw the deceased alive on <i>6/30/52</i> , 19____, and that death occurred at <i>10:05 A.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>B. B. Gummels</i>		23b. ADDRESS 1116 McCausland	
23c. DATE SIGNED 6/30/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4		24b. DATE 7-3-52	
24c. NAME OF CEMETERY OR CREMATORY Zion's Cemetery		24d. LOCATION (City, town, or county) (State) St Louis Mo.	
DATE REC'D BY LOCAL REG. JUL 1 1952		REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i> mjb	
25. FUNERAL DIRECTOR'S SIGNATURE Robert J. Ambruster, Inc. 6633 Clayton		ADDRESS	

(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.....

Signed.....

Ernest W. Miller
.....
4080

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.