Form No. 300
Rev. 10.48

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

FILED JUL 2 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21704

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5720

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): De Paul Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2012
d. STREET ADDRESS (If rural, give location): 6739 Vermont

3. NAME OF DECEASED (Type or Print)
a. (First): Lida
b. (Middle): Lenore
c. (Last): Anderson

4. DATE OF DEATH (Month) (Day) (Year): June 17, 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug. 6, 1903
9. AGE (In years last birthday): 48 — If under 1 year: Months, Days; If under 1 day: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): assembler
10b. KIND OF BUSINESS OR INDUSTRY: Knapp Monark
11. BIRTHPLACE (City and State or Foreign Country): Decatur, Ill.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Robt. Oxley
13b. MOTHER'S MAIDEN NAME: Sarah Johnson
14. NAME OF HUSBAND OR WIFE: Virgil Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 490229821
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Virgil Anderson, 6739 Vermont

18. CAUSE OF DEATH — MEDICAL CERTIFICATION
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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Ca ovary Term - metastasis — INTERVAL BETWEEN ONSET AND DEATH: 1 - 6 mo.

ANTECEDENT CAUSES

Morbid 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.

19a. DATE OF OPERATION: 6/17/52
19b. MAJOR FINDINGS OF OPERATION: Only Ca Sigmoid colon - Vesicovaginal fistula
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 193X

22. *I hereby certify that I attended the deceased from* 6/17, 1952 *to* 6/17, 1952 *that I last saw the deceased alive on* 6/17/52, 19__, *and that death occurred at* 11 PM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. A. Omelic MD
23b. ADDRESS: Beaumont Med Bldg
23c. DATE SIGNED: 6/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 6/21/52
24c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery
24d. LOCATION (City, town, or county) (State): Lemay 23, Mo.

DATE REC'D BY LOCAL REG.: JUN 20 1952
REGISTRAR'S SIGNATURE: Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Fendler Und. Co., 7420 Michigan

(Licensed Embalmer's Statement on Reverse Side)

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 Ronald O Yahnke

Licensed Embalmer No. 3917

P. O. Address St Louis

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.