

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **2825**  
Registrar's No. **0978**FILED FEB 11 1953  
4141REG. DIST. NO. **318**

PRIMARY REG. DIST. NO.

**1003**Registrar's No. **0978**

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|---|--|--|--|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)<br>a. STATE<br><b>Missouri</b><br>b. COUNTY<br><b>St. Louis</b> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br><b>St. Louis</b>  |  | c. LENGTH OF STAY (In this place)  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br><b>St. Louis</b>   |  | 2069   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Saint Louis Maternity</b>   |  |  |  | d. STREET ADDRESS (If rural, give location)<br><b>5204a Ashland</b>  |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First)<br><b>Anderson</b>   |  | b. (Middle)  |  | c. (Last)<br><b>Anderson</b>   |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>January 16 1953</b>     |  |
| 5. SEX<br><b>Female</b>   |  | 6. COLOR OR RACE<br><b>White</b>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>---</b>   |  | 8. DATE OF BIRTH<br><b>January 16 1953</b>                             |  |
| 9. AGE (In years last birthday)<br><b>40</b>  |  | 10. UNDER 1 YEAR<br>Months<br><b>0</b>   |  | 11. UNDER 1 YEAR<br>Days<br><b>0</b>   |  | 12. UNDER 1 YEAR<br>Hours<br><b>0</b>                                  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>---</b>   |  |  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>---</b>  |  |  |  |
| 11. BIRTHPLACE (City and State or Foreign Country)<br><b>St. Louis Missouri</b>   |  |  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>---</b>   |  |  |  |
| 13a. FATHER'S NAME<br><b>Donald Kenneth Anderson</b>  |  |  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Shirley Jane Bush</b>  |  |  |  |
| 14. NAME OF HUSBAND OR WIFE<br><b>Donald &amp; Shirley Anderson</b>   |  |  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><b>---</b>  |  |  |  |
| 16. SOCIAL SECURITY NO.<br><b>---</b>   |  |  |  | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Donald &amp; Shirley Anderson</b>  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.<br><br>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Multiple Malformations (12)</b><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Congenital</b><br>DUE TO (c)<br>2. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Atelectasis</b> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>Congenital</b>  |  |  |  |
| 19a. DATE OF OPERATION  |  |  |  | 19b. MAJOR FINDINGS OF OPERATION   |  |  |  |
| 20. AUTOPSY?<br>YES <input checked="" 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) (Min.)  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?<br><b>7593</b>  |  |  |  |
| 22. I hereby certify that I attended the deceased from <b>Jan 16, 1953</b> , to <b>Jan 16, 1953</b> , that I last saw the deceased alive on <b>Jan 16, 1953</b> , and that death occurred at <b>2:30 Pm.</b> , from the causes and on the date stated above.  |  |  |  |  |  |  |  |
| 23a. SIGNATURE (Degree or title)<br><b>John O. Hobbs M.D.</b>   |  |  |  | 23b. ADDRESS<br><b>630 S. Kingshighway</b>   |  | 23c. DATE SIGNED<br><b>1/22/53</b>                                     |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)   |  | 24b. DATE<br><b>1-31-53</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Anatomical Board</b>  |  | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Mo.</b> |  |
| DATE REC'D BY LOCAL REG.<br><b>JAN 28 1953</b>  |  | REGISTRAR'S SIGNATURE<br><b>J. Carl Smith M.D.</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>W. B. Rawland</b>   |  | ADDRESS<br><b>4104 Manchester</b>                                      |  |

(Licensed Embalmer's Statement on Reverse Side)

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

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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\_\_\_\_\_

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.