FILED SEP 28 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32769

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 318

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonne Terre
c. LENGTH OF STAY (in this place) 3 Da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bonne Terre Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY St. Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Desloge 0940
d. STREET ADDRESS (If rural, give location) 204 South Main D

3. NAME OF DECEASED (Type or Print)
a. (First) Robert
b. (Middle) Boggs
c. (Last) Anderson

4. DATE OF DEATH (Month) (Day) (Year) Sept. 11, 1953

5. SEX Male D
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan. 1, 1894
9. AGE (In years last birthday) 59 — IF UNDER 1 YEAR: Months 8 Days 10 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor
10b. KIND OF BUSINESS OR INDUSTRY St. Joe Lead Co.
11. BIRTHPLACE (State or foreign country) Crawford County, Mo. O
12. CITIZEN OF WHAT COUNTRY? U S

13a. FATHER'S NAME James Anderson
13b. MOTHER'S MAIDEN NAME Ellen Eaton
14. NAME OF HUSBAND OR WIFE Addie 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. 493-039573
17. INFORMANT'S SIGNATURE OR NAME Addie Anderson — ADDRESS Desloge, Mo.

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) Intracranial hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2-d

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis generalized
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Coronary disease aortic & mitral regurgitation

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 331X
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?

22. *I hereby certify that I attended the deceased from* 9-8, 1953, *to* 9-11, 1953, *that I last saw the deceased alive on* Sept 11, 1953, *and that death occurred at* 5:pm m., *from the causes and on the date stated above.*

23a. SIGNATURE H. C. Gaebe (Degree or Title) M.D.
23b. ADDRESS Desloge Mo.
23c. DATE SIGNED 9-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9/12/53
24c. NAME OF CEMETERY OR CREMATORY St. Francois Meo. Pk.
24d. LOCATION (City, town, or county) (State) St. Francois Co. Mo.

DATE REC'D BY LOCAL REG. Sept. 18, 1953
REGISTRAR'S SIGNATURE Esther Rudloff
25. FUNERAL DIRECTOR'S SIGNATURE C. Z. Boyer & Son — ADDRESS Desloge, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 30 1954

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 C. E. Bayer

Licensed Embalmer No. 1671

P. O. Address Desloge Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.