

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36985**

FILED OCT 23 1953

**9515**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>City</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____  c. CITY OR TOWN <b>St. Louis City</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. LENGTH OF STAY (In this place) <b>1 yr 39 dy</b>		e. STREET ADDRESS (If rural, give location) <b>13 5800 Arsenal ST.</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>City Infirmary</b>		f. <b>2139</b>		
<b>3. NAME OF DECEASED</b> a. (First) <b>Howard</b> b. (Middle) _____ c. (Last) <b>Anderson</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>10- 3-1953</b>	
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>Cobalt</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>About 74</b>	
<b>9. AGE</b> (In years last birthday) _____ if UNDER 1 YEAR _____ if UNDER 24 HRS. _____ Min.	<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Laborer</b>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Unknown</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U S A</b>		
<b>13a. FATHER'S NAME</b> <b>Unknown</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Unknown</b>		
<b>14. NAME OF HUSBAND OR WIFE</b> <b>Deceased</b>				

<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> _____	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Minnie Mcalpin 1921 Good</b>	
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		<b>INTERVAL BETWEEN ONSET AND DEATH</b>  _____	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Generalized Arteriosclerosis with</b>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease.</b>  DUE TO (c) _____		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.  _____	

<b>19a. DATE OF OPERATION</b> _____	<b>19b. MAJOR FINDINGS OF OPERATION</b>  _____		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>  _____		
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.) _____	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>  <b>4200</b>		

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to **10-3-53** that I last saw the deceased alive on **10-3-**, 19**53**, and that death occurred at **7:20 pm.**, from the causes and on the date stated above.

<b>22a. SIGNATURE</b> (Degree or title) <b>Palmer Priscilla Bowditch M.D.</b>		<b>23b. ADDRESS</b> <b>5800 Arsenal St.,</b>	<b>23c. DATE SIGNED</b> <b>10-3-53</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removed</b>	<b>24b. DATE</b> <b>Oct 7-53</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Oakdale Cem</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St Louis Co MO</b>

<b>DATE REC'D BY LOCAL REG.</b> <b>OCT 5 1953</b>	<b>REGISTRAR'S SIGNATURE</b> <b>J. Earl Smith M.D.</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>J. W. Hughes 2620 Lawton</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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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  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Lyda Hughes*.....

Licensed Embalmer No. ....

P. O. Address *St.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.