

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **45182**  
Registrar's No. **12202**

FILED JAN 19 1954

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

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 <b>ST. LOUIS, MO</b>		c. LENGTH OF STAY IN THIS PLACE <b>4 HOURS</b>		c. CITY OR TOWN <b>ST. LOUIS, MO.</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION. <b>ST. LOUIS CITY HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>24 1961 PRESIDENT</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>MINNIE</b>		b. (Middle)		c. (Last) <b>ANDRESEN</b>		
4. DATE OF DEATH (Month) (Day) (Year) <b>December 24, 1953</b>		2249 0				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>January 19, 1878</b>	9. AGE (In years last birthday) <b>75</b>	# UNDER 1 YEAR Months # UNDER 1 HR. Hours # UNDER 1 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Washington Co. Mo. 0</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Thomas Page</b>		13b. MOTHER'S MAIDEN NAME <b>Louisa Jones</b>		
14. NAME OF HUSBAND OR WIFE <b>John - Deceased</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.		
17. INFORMANT'S SIGNATURE OR NAME <b>John Andresen, 5257 Washington, St. Louis, Mo.</b>		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)  ANTECEDENT CAUSES <b>Cerebral Apoplexy</b> DUE TO (b) <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH
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? <b>334X</b>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>2:18 p.m.</b> , from the causes and on the date stated above.						
23a. SIGNATURE <b>Patrick C. Taylor, Registrar</b>		23b. ADDRESS <b>1300 Oak</b>		23c. DATE SIGNED <b>12-28-53</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>12-28-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>SUNSET BURIAL PARK</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, COUNTY, MISSOURI</b>		
DATE REC'D BY LOCAL REG. <b>DEC 28 1953</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McLaughlin Funeral Home, Inc. St. Louis 4, Mo. 2301 Lafayette</b>			

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

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

Student.....  
Signature of Student Embalmer

Signed *James R. Chapman*.....  
Licensed Embalmer No. *456*.....

P. O. Address *St. Louis, Mo.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.