

FILED JUL 22 1954

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25612**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **544** Registrar's No. **1598**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) Kirkwood		c. LENGTH OF STAY (in this place) 8 Yrs.	c. CITY OR TOWN Kirkwood 468/3
d. FULL NAME OF HOSPITAL OR INSTITUTION Evergreens Nursing Home		e. STREET ADDRESS (If rural, give location) 474 Wilcox Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) HANS		b. (Middle)		c. (Last) ANDERSON		4. DATE OF DEATH (Month) (Day) (Year) July 4 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 14, 1864	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Bank Ck.-Banking		10b. KIND OF BUSINESS OR INDUSTRY Banking		11. BIRTHPLACE (City and State or Foreign Country) Sweden		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Unknown Anderson		13b. MOTHER'S MAIDEN NAME Lizzie Hanson		14. NAME OF HUSBAND OR WIFE Amelia Anderson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Roy Anderson ADDRESS 474 Wilcox Ave.	

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) Gen. arteriosclerosis Ht. Dis.			INTERVAL BETWEEN ONSET AND DEATH 20 yr.	
		ANTECEDENT CAUSES 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. Gen. arteriosclerosis			20 yr.	

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? _____	

22. I hereby certify that I attended the deceased from **6/27, 1954**, to **6/4, 1954** that I last saw the deceased alive on **6/2, 1954** and that death occurred at **9:22 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE W. F. Kertman, M.D. (Degree or title)		23b. ADDRESS 508 N. Grand		23c. DATE SIGNED 7/6/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 7, 1954		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.	
				24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	

DATE REC'D BY LOCAL REG. 7/6/54		REGISTRAR'S SIGNATURE Richard B. ...		25. GENERAL DIRECTOR'S SIGNATURE Wiegshauser ADDRESS 4228 S. Kingshighway Bl.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5087
R-352
↓
date

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 *William B. White*.....

Licensed Embalmer No. *4291*

P. O. Address *4228 Detroit*

**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.**