

FILED FEB 24 1955

STANDARD CERTIFICATE OF DEATH

State File No. **5950**
Registrar's No. **0956**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN **St. Louis**
c. LENGTH OF STAY (in this place) **1 Hour**
d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Luke's Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **St. Louis**
c. CITY OR TOWN **University City**
d. Is Residence within limits of a city or incorporated town? Yes No
STREET ADDRESS (If rural, give location) **1040 East Park Avenue.**

3. NAME OF DECEASED
a. (First) **CHARLES** b. (Middle) **ROICE** c. (Last) **ANDERSON**
4. DATE OF DEATH (Month) (Day) (Year) **Jan 30, 1955**

5. SEX **Males** **0** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Married**
8. DATE OF BIRTH **July 27, 1883** **9. AGE** (In years last birthday) **71** IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Horse Trainer** **10b. KIND OF BUSINESS OR INDUSTRY** **Retired 6 years**
11. BIRTHPLACE (City and State or Foreign Country) **Salem, Illinois /** **12. CITIZEN OF WHAT COUNTRY?** **U.S.A.**

13a. FATHER'S NAME **Unknown** **13b. MOTHER'S MAIDEN NAME** **Amy Skinner** **14. NAME OF HUSBAND OR WIFE** **Emma Anderson**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no none** **16. SOCIAL SECURITY NO.** **002-14-8051** **17. INFORMANT'S SIGNATURE OR NAME** **Mrs. Emma Anderson, 1040 East Park Ave.** ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Arteriosclerotic heart disease**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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.

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **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?** **4200**

22. I hereby certify that I attended the deceased from **1953**, 19____, to **1/59**, **1955**, that I last saw the deceased alive on **1/29**, **1955**, and that death occurred at **9:30 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Robert Payne M.D.** **23b. ADDRESS** **3720 Washington** **23c. DATE SIGNED** **2/1/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** **24b. DATE** **Feb 2, 1955** **24c. NAME OF CEMETERY OR CREMATORY** **Memorial Park Cemetery** **24d. LOCATION** (City, town, or county) (State) **St. Louis County, Missouri.**

DATE REC'D BY LOCAL REG. **FEB 1 1955** **REGISTRAR'S SIGNATURE** **Charles Smith M.D.** **25. FUNERAL DIRECTOR'S SIGNATURE** **Shepard Funeral Home, 1167 Hamilton Ave.** ADDRESS

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

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 *Robert M. Murray*.....

Licensed Embalmer No.....

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

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.