

FILED JUL 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24764**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 547		Registrar's No. 1482	
1. PLACE OF DEATH ST. LOUIS a. COUNTY: St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give town) RICHMOND HEIGHT		c. LENGTH OF STAY (In this place) (township) 25 years		c. CITY OR TOWN Richmond Height		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1717 Berkely St				STREET ADDRESS (If rural, give location) 1717 Berkely St			
3. NAME OF DECEASED (Type or Print) a. (First) ANDERSON		b. (Middle) F.		c. (Last) GEARIN		4. DATE OF DEATH (Month) (Day) (Year) JUNE 25, 1955	
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 9th 1878	
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months 7 Days 15		IF UNDER 24 HRS. Hours 15 Min.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Postal Clerk				10b. KIND OF BUSINESS OR INDUSTRY La.			
11. BIRTHPLACE (City and State or Foreign Country) La.		13a. FATHER'S NAME Not Known		13b. MOTHER'S MAIDEN NAME Not Known		14. NAME OF HUSBAND OR WIFE Emma Gearin	
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 ADDRESS Emma Gearin 1717 Berkely St			
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) Arteriosclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Disease DUE TO (c) Cerebral Thrombosis				INTERVAL BETWEEN ONSET AND DEATH ? yrs. ? yrs. 6 weeks	
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) 4200			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 5-14 1955 , to 6-13 1955 , that I last saw the deceased alive on 6-25, 1955 , and that death occurred at 4:20 m., from the causes and on the date stated above.							
23a. SIGNATURE (Deceased or title) Richard H. King M.D.				23b. ADDRESS 601 S. Brentwood, City Tr. 5, Mo.		23c. DATE SIGNED 6/27/55	
24a. REMOVAL (Specify)		24b. DATE 7-1-55		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. 6/29/55		REGISTRAR'S SIGNATURE Harriet P. Daulton M.D.		25. FUNERAL DIRECTOR'S SIGNATURE A.L. Beal Und. Co.		ADDRESS 4303 Delmar	

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..... *John K. Cunningham*

Licensed Embalmer No. *447*

P. O. Address *2405 Mc*

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.