

No. 300
00-48

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30548**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8179**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) D.O.A.	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		STREET ADDRESS (If rural, give location) 3818 Chippewa St.	
3. NAME OF DECEASED a. (First) Elmer (Type or Print)		b. (Middle) S.	c. (Last) Anyan
4. DATE OF DEATH (Month) (Day) (Year) 9/16/55		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
8. DATE OF BIRTH 7/15/1903		9. AGE (Years) (Months) (Days) 52 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker		10b. KIND OF BUSINESS OR INDUSTRY Sunshine Biscuit	
11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME (Unknown) Anyan		13b. MOTHER'S MAIDEN NAME Sarah Anderson	
14. NAME OF HUSBAND OR WIFE		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. 493-07-1454		17. INFORMANT'S SIGNATURE OR NAME Uldine LeSieur	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Cerebral embolism Abrahamophtitis, right leg, suffered when struck by pole while working at Sunshine Biscuit Company, 7 Clark Ave., about 7:15 am, July 5, 1955. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death None	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION July 5, 1955.	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. ACCIDENT (Specify) Accident	
21a. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Factory		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 5 55 7A		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Eq 11-3		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 _____ m., from the causes and on the date stated above.	
23a. SIGNATURE E. J. Schnur		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 9/19/55		24a. BIRTHAL CREMATION REMOVAL (Specify) Removal	
24b. DATE 9/19/55		24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Garden	
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schnur	
25. ADDRESS 3125 Lafayette Ave.		DATE REC'D BY LOCAL REG. SEP 19 1955	

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

(Licensed Embalmer's Statement on Reverse Side)

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 *Thomas R. Derwick*

Licensed Embalmer No. *379*

P. O. Address *3125 Lafayette*

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.