

FILED DEC 31 1956

STANDARD CERTIFICATE OF DEATH

State File No. 42622

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 11061			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI:				b. COUNTY SAINTE LOUIS:	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SAINT LOUIS:		c. LENGTH OF STAY (in this place) 1 WEEK		c. CITY OR TOWN CLAYTON		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI BAPTIST HOSPITAL				e. STREET ADDRESS (If rural, give location) 220 BEMISTON AVE:					
3. NAME OF DECEASED (Type or Print)		a. (First) GORDON		b. (Middle) ANDREW		c. (Last) ANDERSON		4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 32 1956	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH OCT 3 1890		9. AGE (In years) (Last birthday) (Month) (Day) (Hours) (Min.) 66 1 29	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIGHT ATTENDANT			10b. KIND OF BUSINESS OR INDUSTRY LUPTON CHAPEL			11. BIRTHPLACE (City and State or Foreign Country) SAINT LOUIS, MISSOURI,		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME ANDREW ANDERSON			13b. MOTHER'S MAIDEN NAME ANNE JANE NIELSON			14. NAME OF HUSBAND OR WIFE OLIVIA GROFF 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. 500-18-0948		17. INFORMANT'S SIGNATURE OR NAME OLIVIA G. ANDERSON			ADDRESS 220 NO. BEMISTON AVE	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis Hypertensive						INTERVAL BETWEEN ONSET AND DEATH Several Mo.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						DUE TO (b) _____ DUE TO (c) _____ 422.2	
		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 <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) (Min.)		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 <u>July</u> , 1956, to <u>Dec. 2</u> , 1956, that I last saw the deceased alive on <u>Dec. 1</u> , 1956, and that death occurred at <u>1:45 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) St. H. Hall M.D.				23b. ADDRESS 4903 Delmar			23c. DATE SIGNED Dec. 3-56		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE DECEMBER 5/56		24c. NAME OF CEMETERY OR CREMATOR ST. PAUL CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MISSOURI.			
DATE REC'D BY LOCAL REG. DEC 3 1956		REGISTRAR'S SIGNATURE Carl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. LUPTON & SONS 7233 DELMAR BLV'D.				

(Licensed Embalmer's Statement on Reverse Side)

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

1 to 4 pm

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 *Arnold W. Schone*

Licensed Embalmer No. *3864*

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.