THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

XC- 114914 FILED FEB 21 1957
SL- 6081

STATE FILE NUMBER 5962

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 621

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND. ST. LOUIS, MO — Inside Limits Yes ☐ No ☐ X
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL — Length of stay in 1b: 5 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY ST LOUIS
c. CITY OR TOWN ~~ST. LOUIS~~ — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1105 BELLMONT TERRACE — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First CHARLES Middle D Last ANDERSON

4. DATE OF DEATH Month 1 Day 20 Year 57

5. SEX MALE **6. COLOR OR RACE** WHITE **7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH 9-20-89 **9. AGE** (In years last birthday) 67 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DISABLED
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) GARRATT CITY, KENTUCKY
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME JESSIE ANDERSON
14. MOTHER'S MAIDEN NAME JANE MC COLLOM

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW1
16. SOCIAL SECURITY NO. 331-09-7006
17. INFORMANT VA. HOSP. RECORDS. 915 N. GRAND. ST. LOUIS, Address MISSOURI

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chronic renal disease of undetermined etiology — INTERVAL BETWEEN ONSET AND DEATH Unk.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 592x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Left ventricular hypertrophy

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-15-57, to 1-20-57 and last saw ~~her~~ him alive on 1-20-57
Death occurred at 12:50 Pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. D. McLaughlin (Degree or title) M. D.
22b. ADDRESS VAH. ST. LOUIS, MISSOURI
22c. DATE SIGNED 1-20-57

23a. BURIAL, CREMATION, REMOVAL (Specify) R moval
23b. DATE 1/23/57
23c. NAME OF CEMETERY OR CREMATORY National Cem.
23d. LOCATION (City, town, or county) Jeff. Bks, Mo. (State)

24. FUNERAL DIRECTOR Edward Fendler **ADDRESS** 5611 South Grand Blvd.
25. DATE RECD. BY LOCAL REG. JAN 21 '57
26. REGISTRAR'S SIGNATURE Karl Schmid MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, or Medical Examiner: Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harry J. Schumac

Licensed Embalmer No. 26

P. O. Address 5611 S. Gr

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.