

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9846

FILED MAR 27 1957

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2270

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE				b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ST. LOUIS				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hospital #1				Length of stay in lb 22/90		d. STREET ADDRESS 2935 LAFAYETTE				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Sol Middle Anderson Last Anderson				4. DATE OF DEATH Month Feb Day 20 Year 1957									
5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH OCT 25, 1878		9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN				10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and state or country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA					
13. FATHER'S NAME BEN				14. MOTHER'S MAIDEN NAME MANDY									
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 ST. LOUIS CITY HOSPITAL #1		Address					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MALNUTRITION AND EMACIATION Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) ABDOMINAL MALIGNANCY DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n). 199.1										INTERVAL BETWEEN ONSET AND DEATH			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)										
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			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 2-7-57 , to 2-20-57 and last saw her him alive on 2-20-57 . Death occurred at 2:15p _____ m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>A. Greenbank</i> (Degree or title) MD						22b. ADDRESS 1515 Lafayette			22c. DATE SIGNED 22 Feb 1956				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 3-30-57		23c. NAME OF CEMETERY OR CREMATORY Anatomical Board				23d. LOCATION (City, town, or county) (State) St. Louis, Mo.					
24. FUNERAL DIRECTOR Rowland-Aker Mortuary Service 4104 Manchester Ave. St. Louis 10, Mo.						25. DATE RECD. BY LOCAL REG. MAR 7 '57		26. REGISTRAR'S SIGNATURE <i>Paul Smith, MO</i> mg					

(Licensed Embalmer's Statement on Reverse Side)

ST. J. ST.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.