

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **18400**
3812
Registrar's No. _____

FILED MAY 20 1957

318

REG. DIST. NO. 1003

PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY _____			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 township) OR TOWN St. Louis, Mo		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN Lemay, Mo		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 Luthern Hospital			e. STREET ADDRESS (If rural, give location) 120 Union Road			
3. NAME OF DECEASED (Type or Print) a. (First) Irene		b. (Middle) C. Anderson	c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) April 19, 1957		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 18, 1910	9. AGE (In years last birthday) 47	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) Telephone operator		10b. KIND OF BUSINESS OR INDUSTRY S.W. Bell Tel.	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		
12. CITIZEN OF WHAT COUNTRY? USA	13a. FATHER'S NAME George A. Roland		13b. MOTHER'S MAIDEN NAME Flora Kahlert		14. NAME OF HUSBAND OR WIFE Irvin C. Anderson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. Don't Know	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Irvin C. Anderson 120 Union Rd.				
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) Cirrhosis of liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 581-0			INTERVAL BETWEEN ONSET AND DEATH Indefinite
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? 581-0				
22. I hereby certify that I attended the deceased from 3/22 1957 , to 4/19 1957 , that I last saw the deceased alive on 4/19 1957 , and that death occurred at 2:30 P.M. , from the causes and on the date stated above.						
23a. SIGNATURE Swagenbrock		(Degree or title) M.D.		23b. ADDRESS 4717 Morganford Rd	23c. DATE SIGNED 4/22/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 23, 1957	24c. NAME OF CEMETERY OR CREMATORY Resurrection	24d. LOCATION (City, town, or county) (State) St. Louis County			
DATE REC'D BY LOCAL REG. APR 22 57	REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Weick Bros 2201 S. Grand Blvd.,			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr J. O. McEntire
4717 McEntire
2-4

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 *V. E. Harris*

Licensed Embalmer No. *3360*

P. O. Address *Harris*

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.