

FILED JUL 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH57-022259
STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 6051 Registrar's No. 169

1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Robertson		0920 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp DSA.				Length of stay in lb		d. STREET ADDRESS (If outside, give location) Route 2 Box 206	
3. NAME OF DECEASED (Type or print) First Dennice Middle Jean Last Anderson				4. DATE OF DEATH Month July Day 4 Year 1957			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 12, 1956	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months 6 Days Hours Min. 	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ninel			10b. KIND OF BUSINESS OR INDUSTRY ----	11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME <i>Clas Anderson</i>				14. MOTHER'S MAIDEN NAME <i>Mageline</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. ---	17. INFORMANT CLEO ANDERSON 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) Accidental drowning							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Falling in the river					
		DUE TO (c) _____					9298
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							42
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							2
20a. ACCIDENT <input checked="" 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.) By falling in the river				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. 7-4-57							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Missouri River		20f. CITY, TOWN, OR LOCATION 400 St. Louis Co			STATE
21. I attended the deceased from Held Inquest on July 5, 1957 and last saw her him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Maricea Wilson Coroner</i>				22b. ADDRESS Wentzville, MO		22c. DATE SIGNED July 8, 1957	
23a. BORIAL CREATION, REMOVAL (Specify)		23b. DATE 7-6-57	23c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
24. FUNERAL DIRECTOR White Chapel, Ferguson, Mo.			25. DATE RECD. BY LOCAL REG. July 6-57		26. REGISTRAR'S SIGNATURE <i>Maricea Wilson</i>		

(Licensed Embalmer's Statement on Reverse Side)

Use only black ink or ribbon typewrite if possible.

Coroner cannot certify to a death due to natural causes.

Dissemination of this information is prohibited.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was prepared
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Arthur C. Bane*

Licensed Embalmer No. *31*

P. O. Address *St. Ch.*

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.