

FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH29162  
STATE FILE NUMBERRegistration District No. **318** Primary Registration District No. **1003** Registrar's No. **6963**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		c. CITY OR TOWN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	
22 <b>St Anthony Hosp.</b>		<b>7 1/2 Hrs</b>	
29 <b>St Louis</b>		<b>Arnold</b>	
29 <b>St Anthony Hosp.</b>		<b>Rt 2, Circle Dr</b>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First Middle Last <b>(Baby) Mary ----- Anderson</b>		Month Day Year <b>July 24 1957</b>	
5. SEX	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH
<b>Female</b>	<b>White</b>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	<b>July 24 1957</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
*****		*****	
11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY?	
<b>St Louis Mo.</b>		<b>USA</b>	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
<b>John Anderson</b>		<b>Colleem King</b>	
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		Address	
<b>Mr John Anderson</b>		<b>Rt 2, Arnold Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>premature loss 6 mon gestation</b> DUE TO (b) _____ DUE TO (c) <b>Placenta previa</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			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.) <b>761.6</b>
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
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 <b>7/24/57</b> to <b>7/24/57</b> and last saw her/him alive on <b>7/24/57</b> Death occurred at <b>10 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Printer or type) <b>Erwin D. Creech, M.D.</b>		22b. ADDRESS <b>757 Leander Terry Dr</b>	
22c. DATE SIGNED <b>7/25/57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	
<b>Burial</b>		<b>July 26 1957</b>	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<b>Mt Olive Cem.</b>		<b>Lemay Mo.</b>	
24. FUNERAL DIRECTOR		25. DATE RECD. BY LOCAL REG.	
<b>Fey Funeral Home, Mehlville Mo.</b>		<b>JUL 26 57</b>	
26. REGISTRAR'S SIGNATURE			
<b>J. Carl Smith, M.D.</b>		<b>m. j. b.</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

Student .....  
Signature of Student Embalmer

Signed *Not Embalmed*  
*Paul Fey*  
.....  
Licensed Embalmer No. ....

P. O. Address .....

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.