

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **45560**
Registrar's No. **12190**

FILED DEC 30 1957

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 45560		Registrar's No. 12190			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (in this place) 2 Yrs.		c. CITY OR TOWN St. Louis		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 3/ St. Louis State Hospital				e. STREET ADDRESS (If rural, give location) 1318 Tower Grove Ave.							
3. NAME OF DECEASED (Type or Print) a. (First) Jesse b. (Middle) James c. (Last) Anderson			4. DATE OF DEATH 12-17-57			9. AGE (In years last birthday) 57			IF UNDER 1 YEAR Months Days Hours Min.		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 7, 1900		11. BIRTHPLACE (City and State or Foreign Country) Bourbon, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Furnace man			10b. KIND OF BUSINESS OR INDUSTRY American Stove Co.			13a. FATHER'S NAME William Anderson			13b. MOTHER'S MAIDEN NAME Harriet Eggers		14. NAME OF HUSBAND OR WIFE Beulah Hulsey Anderson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 499-03-6293		17. INFORMANT'S SIGNATURE OR NAME Beulah Anderson			ADDRESS St. Louis, Mo.				
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Picks disease of brain ANTECEDENT CAUSES DUE TO (b) Diabetes Mellitus DUE TO (c) 260x II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 4 yrs 4 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? 2 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from Feb. 22, 1956 , to Dec. 17, 1957 , that I last saw the deceased alive on Dec. 17, 1957 , and that death occurred at 1:35a m. , from the causes and on the date stated above.											
23a. SIGNATURE L. Nofstaker M.D. (Degree or title)				23b. ADDRESS 5400 Arsenal St., St. Louis			23c. DATE SIGNED 12-17-57				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/20/57		24c. NAME OF CEMETERY OR CREMATORY Big River Cemetery		24d. LOCATION (City, town, or county) (State) Irondale, Missouri					
DATE REC'D BY LOCAL HEALTH DEPT. DEC 19 57		REGISTRAR'S SIGNATURE J. Carl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE Mr. Bert L. Boyer Leadwood Mo. ADDRESS _____						

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

JAN 2 1958

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 *William E. Boyer*.....

Licensed Embalmer No. *730*

P. O. Address *Leadwood Mo*

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.