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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002677

STATE FILE NUMBER 2 525

FEB 3 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY City	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Middlebrook — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) De Paul Hosp. — Length of stay in 1b 12 days	d. STREET ADDRESS (If outside, give location) Rt. #1, Ironton — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print)	First: MR. JOHN	Middle: SAVAGE	Last: ANDERSON	4. DATE OF DEATH Month Day Year: Jan. 15, 1959
5. SEX: M.	6. COLOR OR RACE: W.	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]	8. DATE OF BIRTH: Feb. 7, 1877	9. AGE (In years last birthday): 81 — 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): Farmer (retired)	10b. KIND OF BUSINESS OR INDUSTRY: Farming	11. BIRTHPLACE (City and state or country): Hodgenville, Kentucky	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME: Wesley Anderson	13b. MOTHER'S MAIDEN NAME: Elizabeth Prior	14. NAME OF HUSBAND OR WIFE: Ruth Almeda Anderson		
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.	17. INFORMANT Address: Mrs. Joseph A Klump 463 Shepley Dr.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinoma of stomach — INTERVAL BETWEEN ONSET AND DEATH: 9 mon

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 151X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cerebral accident -- 5 days.

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 1/4/59, to 1/14/59 and last saw her/him alive on 1/14/59. Death occurred at 1/15/59 at 12:14 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William O. Morley MD	22b. ADDRESS: 3625 Fair Ave.	22c. DATE SIGNED: 1/15/1959	
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 1/19/1959	23c. NAME OF CEMETERY OR CREMATORY: Laurel Hill Gardens	23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.
24. FUNERAL DIRECTOR ADDRESS: Alexander & Sons 6175 Delmar Blvd	25. DATE RECD. BY LOCAL REG.: JAN 16 '59	26. REGISTRAR'S SIGNATURE: Earl Smith MD MY	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard terminology ... All diseases in Part I must be causally related.

Dr. William O. Mowrey
3625 Fair Ave.
JE 1-5353

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 Jos. E. McCullock

Licensed Embalmer No. 246

P. O. Address 6135 Pell

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.