Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 59-006858

2 1354

FEB 24 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

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, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3636 Page Ave. — Length of stay in 1b	d. STREET ADDRESS 3636 Page Ave. (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: MATTIE	Middle	Last: ANDERSON		4. DATE OF DEATH Month, Day, Year: February 6, 1959	
5. SEX: Female	6. COLOR OR RACE: Negro	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH: Sept. 11, 1857	9. AGE (In years last birthday): 101	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): Nil	10b. KIND OF BUSINESS OR INDUSTRY: --		11. BIRTHPLACE (City and state or country): Selma, Alabama	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME: Otto Avery	13b. MOTHER'S MAIDEN NAME: Elizabeth ?		14. NAME OF HUSBAND OR WIFE: John Anderson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.: --	17. INFORMANT: Clarence Wilson	Address: 4358a Cook Avenue	

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) Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH

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

DUE TO (b) Hematoma of left knee — 7 days

DUE TO (c) E900.0 21

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell on stairs	
20c. TIME OF INJURY Hour 7:40 a.m. p.m. Month, Day, Year 1-28-59		
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.) Home	20f. CITY, TOWN, OR LOCATION St. Louis — COUNTY — STATE Mo.

21. I attended the deceased from ~~15 Dec. 57~~ 59, to ..... and last saw her/him alive on Feb. 5, 1959. Death occurred at 11:30 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Mason A. Clark, M.D. (Degree or title)	22b. ADDRESS: 914a N. Taylor Avenue	22c. DATE SIGNED: 2/6/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 2/9/59	23c. NAME OF CEMETERY OR CREMATORY: St. Peters Cemetery	23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.
24. FUNERAL DIRECTOR: Charles J. Cates	ADDRESS: 4107 Finney	25. DATE RECD. BY LOCAL REG.: FEB 9 '59	26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Guyton Swan

Licensed Embalmer No. 4580

P. O. Address 4107 Finney A

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.