

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014623
STATE FILE NUMBER
2 3283

FILED APR 20 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Masonic Home of Mo. Length of stay in lb 8-3-58 to 8-31-59		d. STREET ADDRESS (If outside, give location) 5351 Delmar Blvd Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Nels Middle Ehlert Last Anderson		4. DATE OF DEATH Month 3 Day 31 Year 59	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH June 5, 1890
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Editor of newspaper		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) 68 IF UNDER 1 YEAR Month 10 Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Editor of newspaper		11. BIRTHPLACE (City and state or country) Omaha, Neb.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Hans Nissen Anderson		14. MOTHER'S MAIDEN NAME Anna Ehlert	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Masonic Home of Mo. 5351 Delmar Blvd.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) ARTERIOSCLEROSIS, CORONARY 3 YEARS DUE TO (c) ARTERIO SCLEROSIS, GENERALIZED 3 YEARS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). CARCINOMA OF PHARYNX, SURGICAL REMOVAL JAN 1959			INTERVAL BETWEEN ONSET AND DEATH ONE DAY
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.) 4201H	
20c. TIME OF INJURY Hour a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 8-56 to 3-31-59 and last saw him alive on 3-30-59 Death occurred at 1:20 p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Robert A. Hall, M.D.		22b. ADDRESS Masonic Home of Missouri	
22c. DATE SIGNED 4-1-1959			
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE 4/2/59	23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	23d. LOCATION (City, town, or county) (State) St. Louis Co, Missouri
24. FUNERAL DIRECTOR ADDRESS Alexander & Sons 6175 Delmar Blv		25. DATE RECD. BY LOCAL REG. APR 2 '59	26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed *Jos. E. McCulloch*.....

Licensed Embalmer No. *24*

P. O. Address *6170 R*

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.