RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-007877

FILED VS FEB 27 1960 Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 1498 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY None	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY None
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b	c. CITY OR TOWN St. Louis, — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips — Inside Limits Yes ☐ No ☐	d. STREET ADDRESS (If outside, give location) 1309 Temple Pl. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: Jasper	Middle:	Last: ANDERSON	4. DATE OF DEATH	Month: February Day: 5, Year: 1960
5. SEX: Male	6. COLOR OR RACE: Negro	7. Married ☐ Widowed ☐ Never Married ☐ Divorced ☒	8. DATE OF BIRTH: June 18 07	9. AGE (last birthday): 52	IF UNDER 1 YEAR Months Days; IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer	10b. KIND OF BUSINESS OR INDUSTRY: Armour Packing	11. BIRTHPLACE (City and state or country): Ellisville, Miss	12. CITIZEN OF WHAT COUNTRY: USA		
13a. FATHER'S NAME: Henry Anderson	13b. MOTHER'S MAIDEN NAME: Olivia Duck Chapman	14. NAME OF HUSBAND OR WIFE: Pearlie Mae 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 Address: Annie Venzant, 13 09 Temple P			

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

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Necrotizing Broncho Pneumonia

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

DUE TO (b) Extensive hemorrhage under galia in the frontal region; transverse fracture nasal bones; suffered in fall down steps at home on January 11th, 1960.

DUE TO (c) ACCIDENT

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.)

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 _____ to _____ and last saw her/him alive on _____

Death occurred at 100 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Patrick Taylor ~~Dep~~ Cor	22b. ADDRESS: 1300 Clark Avenue	22c. DATE SIGNED: 2/~~10~~ 9/60	
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 2/10/60	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State): Jackson, Mississippi.
24. FUNERAL DIRECTOR ADDRESS: Cunningham & Moore, 2405 Marcus	25. DATE RECD. BY LOCAL REG.: FEB 9 1960	26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. MJR	

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF coroner DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John K. Cunningh

Licensed Embalmer No. 4476

P. O. Address 2405 Marcus

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con
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.