

ISSUANCE DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH - 61-002787

S JAN 16 1961
AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **198** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY D.O.A. #2				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis			Length of stay in 1b		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) D.O.A. Homer Phillips Hosp				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5648 Hebert		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Betty Middle Lue Last Anderson						4. DATE OF DEATH Month Jan. Day 4 Year 1961		
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-25-1918-22	9. AGE (last birthday) 42		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY House Wife		11. BIRTHPLACE (City and state or country) Wilmet Ark.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Williams C. Slack			13b. MOTHER'S MAIDEN NAME Lillie V. Porch			14. NAME OF HUSBAND OR WIFE John I. Anderson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. 983x		17. INFORMANT Celco P. Bean.		Address Texas		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Traumatic External Hemorrhage; Suffered at the hands of party or parties unknown when deceased was found dead about 12:15 a.m. January 5, 1961 in home at 5648 Hebert, Missouri. Homicide DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 983x							INTERVAL BETWEEN ONSET AND DEATH <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See above				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year 1-5-61		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION St Louis Mo		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ 201A on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Paul J. Simon (Degree or title) Coroner				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 1/7/61		
23a. BURIAL, CREMATION, REMOVAL (Specify) Shipped		23b. DATE 1-7-61	23c. NAME OF CEMETERY OR CREMATORY Mount Moriah		23d. LOCATION (City, town, or county) Wilmet Ark.		23e. STATE Ark.	
24. FUNERAL DIRECTOR K. Williams Funeral			ADDRESS 1914 N Sarah		25. DATE RECD. BY LOCAL REG. JAN 7 1961		26. REGISTRAR'S SIGNATURE Carl Smith, M.D.	

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

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

Eugene Miles

Licensed Embalmer No.

3623

P. O. Address

2916 Front

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.