MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6187 STATE FILE NUMBER 62-024374

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	206		1962
3			
4	1		
5	0		
6			
7	0		
8	1		
9			
10			
11			
12	84-0		
13			

84

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH — a. COUNTY: JUL 2 1962

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, Missouri — Length of stay in 1b: 2 days

c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Louis Children's Hospital — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 6131 A Ridge — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Theresa Middle: Lynn Last: Anderson

4. DATE OF DEATH: Month 6 Day 20 Year 62

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 12/11/59

9. AGE (last birthday): 2½ years — 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): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (City and state or country): St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Ercie Lee Anderson

13b. MOTHER'S MAIDEN NAME: Frances Manche

14. NAME OF HUSBAND OR WIFE: none

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.: none

17. INFORMANT: Doris Mason Address: 500 S Kingshighway

MEDICAL CERTIFICATION

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) Cardiac Arrest Respiratory Failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute Lead Encephalopathy

DUE TO (c) Chronic iron deficiency anemia

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. Stimulant Personal Type Bleeder

291.1

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 June 18, 1962, to June 20, 1962 and last saw her/him alive on June 20, 1962

Death occurred at 9:00 AM/pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Malcolm Fuller MD

22b. ADDRESS: 590 S. Kingshighway

22c. DATE SIGNED: 6/20/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 6/22/62

23c. NAME OF CEMETERY OR CREMATORY: Valhalla Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis County Missouri

24. FUNERAL DIRECTOR: Shepard Funeral Home ADDRESS: 1167 Hamilton Ave

25. DATE REC'D BY LOCAL REG.: JUN 21 1962

26. REGISTRAR'S SIGNATURE: Neal Smith, M.D.

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_____ Signed Harry E Monroe
Signature of Student Embalmer

Licensed Embalmer No. 4495

P. O. Address St. Louis

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.

SHEPARD