

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-021255

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5006 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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HAVE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

FILED MAY 17 1963

1. PLACE OF DEATH
 a. COUNTY Missouri
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA St. Lukes Hosp. Inside Limits: Yes No
 d. STREET ADDRESS (If outside, give location) 3956 Walsh Reside on Farm: Yes No

2. USUAL RESIDENCE: (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY
 c. CITY OR TOWN St. Louis Inside Limits: Yes No
 d. STREET ADDRESS (If outside, give location) 3956 Walsh Reside on Farm: Yes No

3. NAME OF DECEASED (Type or print) First JAMES Middle GUY Last Anderson 4. DATE OF DEATH Month 5 Day 6 Year 1963

5. SEX M 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 11/10/91 9. AGE (last birthday) 71 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) Solicitor, retired 10b. KIND OF BUSINESS OR INDUSTRY truck lines 11. BIRTHPLACE (City and state or country) Stockport, Iowa 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME George Anderson 13b. MOTHER'S MAIDEN NAME Sadie Bales 14. NAME OF HUSBAND OR WIFE Amanda Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) no 16. SOCIAL SECURITY NO. 111 17. INFORMANT Address Amanda Anderson, 3956 Walsh

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE INTERVAL BETWEEN ONSET AND DEATH 10 yrs.
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 420.0
 DUE TO (c)
 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 1956 to 5/6/63 and last saw him alive on 4/9/63
 Death occurred at 7:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Thom. A. Long, M.D. 22b. ADDRESS 3720 Washington 22c. DATE SIGNED 5/6/63

23a. BURIAL, CREMATION, REMOVAL (Specify) 5-31-63 23b. DATE 5-31-63 23c. NAME OF CEMETERY OR CREMATORY Anatomical Board 23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR ADDRESS Rowland Mortuary Svc. 4104-06 Manchester 25. DATE RECD. BY LOCAL REG. MAY 9 1963 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

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APPROVED FOR THE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

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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 _____
Signature of Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.

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