

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3439**

BIRTH NO.		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>3063</b>		Registrar's No. <b>18</b>		
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>				
b. CITY (If outside corporate limits, write RURAL and give township) <b>Clayton</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Sullivan</b>		d. STREET ADDRESS (If rural, give location)		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>D.O.A. County Hospital</b>								
3. NAME OF DECEASED (Type or Print)			a. (First) <b>Eugene</b>	b. (Middle) <b>T.</b>	c. (Last) <b>Anderson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>1 - 3 - 1949</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Sept. 18, 1908</b>		
9. AGE (In years last birthday) <b>40</b>		IF UNDER 1 YEAR Months		IF UNDER 2 WKS. Days		IF UNDER 2 HRS. Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Agricultural</b>		11. BIRTHPLACE (State or foreign country) <b>Sullivan, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>		
13a. FATHER'S NAME <b>James Anderson</b>			13b. MOTHER'S MAIDEN NAME <b>Nettie Thurmond</b>			14. NAME OF HUSBAND OR WIFE <b>Anna May Anderson</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Anna M. Anderson, Sullivan, Mo.</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Comminuted fractures of skull involving brain injury - occupant of automobile he was operating which was struck by a truck.</b> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>E. 816 1706-22</b>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>26</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Homicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Public road</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis County, Mo.</b>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>1 3 1949 m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Collision of 2 motor vehicles</b>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23. SIGNATURE (Degree or title) <b>Arnold J. Willmann, Coroner</b>				23b. ADDRESS <b>Clayton, Mo.</b>		23c. DATE SIGNED <b>1/5/49.</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-6-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Sullivan, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>1-6-48</b>		REGISTRAR'S SIGNATURE <b>Thurmond L. Jennings</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, St. Louis, Mo.</b>				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
MAY 16 1934

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.

Signed.....

*Gustav W. Dittels*

Student Embalmer .....

Student Embalmer

Licensed Embalmer No. ....

*4329*

P. O. Address .....

*St. Louis, Mo.*

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 this body is not embalmed, fact should be so stated above.