

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 17039
4548
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. / b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5747 McPherson		d. STREET ADDRESS (If rural, give location) 5747 McPherson	

3. NAME OF DECEASED (Type or Print) a. (First) Mrs. Emily b. (Middle) Stella c. (Last) Anderson			4. DATE OF DEATH (Month) (Day) (Year) May 23, 1949		
5. SEX F. / W.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. 91	8. DATE OF BIRTH Sept. 24, 1859	9. AGE (In years last birthday) 89 IF UNDER 1 YEAR: Months Days IF UNDER 4 HRS: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis County, Missouri		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME John A. Massey		13b. MOTHER'S MAIDEN NAME Sarah A. Htz		14. NAME OF HUSBAND OR WIFE John R. Anderson, Dec.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. M. W. Walker, 5747 McPherson	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis.		INTERVAL BETWEEN ONSET AND DEATH 2 years	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Interstitial Nephritis			2 years
	DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION none.	19b. MAJOR FINDINGS OF OPERATION none.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none.	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) none. 121a
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? none. 592X

22. I hereby certify that I attended the deceased from 1-2-1949, to 5-23-1949, that I last saw the deceased alive on 5-22, 1949, and that death occurred at 10A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Scott Hewer, M.D.		23b. ADDRESS 634 N. Grand Bldg.		23c. DATE SIGNED 5-23-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE May 25, 1949	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL HEALTH DEPT. MAY 23 1949		REGISTRAR'S SIGNATURE J. B. Sasata		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander Louis	

(Licensed Embalmer's Statement on Reverse Side)

6175 Delmar

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

No. 300
10.48

Dr East Nevers
No Theatre Bldg
Je 8411
1-2

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

Student Embalmer

Signed

Joe E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6195 Delmar

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.