

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20719**
5849
Registrar's No. _____

FILED JUL 15 1949
BIRTH NO. **7420-49**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN Webster Groves	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If rural, give location) 582 Ridge Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) BABY b. (Middle) GIRL c. (Last) ANDERSON		4. DATE OF DEATH (Month) (Day) (Year) July 3 1949	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED N. M. - infant	8. DATE OF BIRTH 7/1/49
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		9b. KIND OF BUSINESS OR INDUSTRY —	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY —	
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.S.A.	
13a. FATHER'S NAME Elvin R. Anderson		13b. MOTHER'S MAIDEN NAME Verona E. Dyer	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —	
16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME Elvin R. Anderson ADDRESS 582 Ridge, Web. Gr., Mo.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ADRENAL HEMORRHAGE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 161	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		771 D	
22. I hereby certify that I attended the deceased from 7/3/1949 , to 7/3/1949 , that I last saw the deceased alive on 7/3/1949 and that death occurred at 7 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE D. J. Cohen (Degree or title) M.D.		23b. ADDRESS 15 N. Brentwood Blvd	
23c. DATE SIGNED 7/4/49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 7-5-49		24c. NAME OF CEMETERY OR CREMATORY Laurel Hill	
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		25. FUNERAL DIRECTOR'S SIGNATURE J. Blatter ADDRESS Mittelberg Funeral Home, Web. Gr., Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUL 5 1949		25. FUNERAL DIRECTOR'S SIGNATURE J. Blatter ADDRESS Mittelberg Funeral Home, Web. Gr., Mo.	

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..... **No Embalm**

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