

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34887

State File No. _____

9076

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
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 (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. LENGTH OF STAY (in this place) (Township) 15 days		c. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights		d. STREET ADDRESS (If rural, give location) 7914 Park Drive			
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital									
3. NAME OF DECEASED a. (First) William b. (Middle) Pendelton c. (Last) Anderson			4. DATE OF DEATH (Month) (Day) (Year) Oct. 19, 1949						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 14, 1865.			
9. AGE (In years last birthday) 84		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President		10b. KIND OF BUSINESS OR INDUSTRY Gideon-Anderson Lumber		11. BIRTHPLACE (State or foreign country) New Liberty, Indiana.			
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Joseph L. Anderson		13b. MOTHER'S MAIDEN NAME Mary Rice			
14. NAME OF HUSBAND OR WIFE Hulda Anderson		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. 492-16-7691		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Hulda Anderson, Richmond Hgts., 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, ashenia, etc. - It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ventricular fibrillation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocardial damage DUE TO (c) arteriosclerosis of disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Peritonitis, possible carcinoma				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) Richmond Heights, Mo.					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 16 ft					
22. I hereby certify that I attended the deceased from Oct. 19, 1949 to Oct. 19, 1949 , that I last saw the deceased alive on Oct. 19, 1949 , and that death occurred at 10:40 P.m. , from the causes and on the date stated above.									
23a. SIGNATURE J. B. Basater				23b. ADDRESS Barnes Hospital,		23c. DATE SIGNED 10/19/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 10-22-49		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.			
DATE REC'D BY LOCAL REG. OCT 21 1949		REGISTRAR'S SIGNATURE J. B. Basater		25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons		ADDRESS St. Louis, Mo.			

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

FEB 15 1951

JUN 4 1951

NOV 1 1951

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 Clarence H. Murray

Licensed Embalmer No. 404

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.