

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10121

FILED MAR 23 1950

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2413	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MO		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2019			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4132 FILMORE				d. STREET ADDRESS (If rural, give location) 4132 FILMORE			
3. NAME OF DECEASED (Type or Print) a. (First) WALTER		b. (Middle) -		c. (Last) ANDERSON		4. DATE OF DEATH (Month) (Day) (Year) 3-13-50	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 13 1886		9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days - -	IF UNDER 12 HRS. Hours Min. - -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER		10b. KIND OF BUSINESS OR INDUSTRY FICKMANN PAINT CO		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME GEORGE ANDERSON		13b. MOTHER'S MAIDEN NAME MARY SANFOSS		14. NAME OF HUSBAND OR WIFE LYDIA ANDERSON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LYDIA ANDERSON 4132 FILMORE			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		1. MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA of Common Bile Duct					INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) E METASTASIS TO LIVER & PANCREAS DUE TO (c) _____					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input 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) 155X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12 JAN, 1950, to 13 MAR, 1950, that I last saw the deceased alive on 12 MAR, 1950, and that death occurred at 6:10 AM, from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Thomas A. Jungman MD				23b. ADDRESS 5439 Biarris		23c. DATE SIGNED 13 MAR 50	
24a. BURIAL CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MARCH 15/50	24c. NAME OF CEMETERY OR CREMATORY ST. PAUL'S CHURCHYARD		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO		
DATE REC'D BY LOCAL MAR 13 1950		REGISTRAR'S SIGNATURE J. B. Sawyer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kulis 2906 Biarris			

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

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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *Harvey C Hill*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *4347*.....

P. O. Address *2906 Grand*.....

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.