

No. 500  
10.48

FILED JUN 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18899

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2070 Registrar's No. 1250

1. PLACE OF DEATH a. COUNTY <u>St. Louis Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>777 FLORENCE</u>		d. STREET ADDRESS (If rural, give location) <u>722 Florence</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u> b. (Middle) <u>Anderson</u> c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>5-25-50</u>
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5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W.</u>	8. DATE OF BIRTH <u>11-28-1880</u>	9. AGE (In years last birthday) <u>69</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>28</u> IF UNDER 12 HRS. Hours <u>1</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>QUINCY ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>FRANK J LIPPE</u>	13b. MOTHER'S MAIDEN NAME <u>ANNA BRANDT</u>	14. NAME OF HUSBAND OR WIFE <u>Saul C. Anderson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Gloria Anderson</u> ADDRESS <u>777 Florence Ave. N.S.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>7 mos.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma - Colon</u>		
	ANTECEDENT CAUSES Morbidity 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. <u>Intestinal Obstruction</u>		<u>2 days</u>	

19a. DATE OF OPERATION <u>12-8-49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma, middle of Ascending colon</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>153X</u> (COUNTY) (STATE)
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 10-28, 1943, to 5-25, 1950, that I last saw the deceased alive on 5-20, 1950, and that death occurred at 7:15 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>B. B. Gummels M.D.</u> (Degree or title)	23b. ADDRESS <u>1116 McCausland</u>	23c. DATE SIGNED <u>5-26-50</u>
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24a. BURIAL, CREMATION; REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>5-27-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HARDIN CITY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>HARDIN ILL</u>
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DATE REC'D BY LOCAL REG. <u>5-27-50</u>	REGISTRAR'S SIGNATURE <u>Hubert P. Blomka</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>WITTEBERG</u> ADDRESS <u>FUNERAL HOME</u>
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(Licensed Embalmer's Statement on Reverse Side) WEBSTER GROVES 19 MO

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

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 Elmer R Caswell

Signed.....  
Student Embalmer

Licensed Embalmer No. 4077

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.