

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25596

State File No. _____

FILED JUL 19 1950

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6576 Registrar's No. 1628

1. PLACE OF DEATH a. COUNTY <u>St Louis</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>Creve Coeur Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>4000 Creve Coeur Mo. 0</u>	
c. LENGTH OF STAY (In this place) <u>3 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Creve Coeur Route #2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Creve Coeur R#2</u>			

3. NAME OF DECEASED (Type or Print) <u>MARY K. ANDERSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 30 1950</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 2</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Min.
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 _____		11. BIRTHPLACE (State or foreign country) <u>Macon Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Henry Beeler</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Washington C. Anderson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Washington C. Anderson</u> ADDRESS <u>Creve Coeur, Mo.</u>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Minutes</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular Disease</u>		<u>3 yrs</u>
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	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) _____
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? _____

22. I hereby certify that I attended the deceased from 2:30 PM 1950, to 5:30 PM, 1950, that I last saw the deceased alive on 28 June, 1950, and that death occurred at 9:27 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Karl R. Whiteaker M.D.</u> (Degree or title)	23b. ADDRESS <u>8923 Midland, St Louis 14 Mo</u>	23c. DATE SIGNED <u>3 July 50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-3-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Feb Fee Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>Pattersonville, Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bruce... Overland Mo</u> ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>7-3-50</u>	REGISTRAR'S SIGNATURE <u>Herbert... Wombe</u>	

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

Mr. Carl Anderson

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 Oscar F. Mueller

Signed.....
Student Embalmer

Licensed Embalmer No. 3039

P. O. Address Overland 14 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.