

FILED DEC 2 1950

STANDARD CERTIFICATE OF DEATH

State File No. 393330

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4464 Registrar's No. 2823

1. PLACE OF DEATH a. COUNTY ST. LOUIS,		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) OR TOWN OVERLAND		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OVERLAND 4201	
d. FULL NAME OF HOSPITAL OR INSTITUTION OVERLAND RESTORION ASHBY & THORP		d. STREET ADDRESS (If rural, give location) 8440 Lackland	

3. NAME OF DECEASED (Type or Print) HARRY	a. (First) D.	b. (Middle) ANDERSON	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 11/28/50
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5. SEX MALE <input checked="" type="checkbox"/>	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 5/28/1897	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRICIAN	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) SCOTTFIELD ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME CHARLES ANDERSON	13b. MOTHER'S MAIDEN NAME PARLEE UNKNOWN	14. NAME OF HUSBAND OR WIFE MILDRED ANDERSON
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES W.W. I	16. SOCIAL SECURITY NO. 498-16-0477	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. MILDRED ANDERSON 8110 LACKLAND AVE
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 mo. ? 193X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Brain.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer of Lungs. 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 10	19b. MAJOR FINDINGS OF OPERATION —	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) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from Oct-12-1950, to Nov 28, 1950 that I last saw the deceased alive on Nov 28, 1950, and that death occurred at 10:00 am, from the causes and on the date stated above.

23a. SIGNATURE Roy A. Halahan 0 MD	(Degree or title)	23b. ADDRESS 2438 Woodson Rd	23c. DATE SIGNED 11-29-50
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24a. BURIAL/CREMATION/REMOVAL (Specify) CREMATION	24b. DATE 12/7/50	24c. NAME OF CEMETERY OR CREMATORY VALHALLA CHAPEL OF MEMORIES	24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO.
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DATE REC'D BY LOCAL REG. 11/29/50	REGISTRAR'S SIGNATURE Herbert R. Strook	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT - CARROLL 1600 NATURAL BRIDGE AVE
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2438 Woodson

JAN 16 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed

B. Hoffmann

Signed.....
Student Embalmer

Licensed Embalmer No. *4366*

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.