

ANDERSON
FILED JAN 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3343**
Registrar's No. **45**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY OR TOWN Beverly Hills		c. CITY OR TOWN Beverly Hills	
c. LENGTH OF STAY (in this place) 9-yrs.		d. STREET ADDRESS (If rural, give location) 6825 Nat'l. Bridge Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mother of Good Counsel Home			

3. NAME OF DECEASED (Type or Print) a. (First) Mamie b. (Middle) F. c. (Last) Anderson			4. DATE OF DEATH Jan. 7, 1951		
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. ✓	8. DATE OF BIRTH June 22, 1858	9. AGE (in years last birthday) 92	IF UNDER 1 YEAR Months 6 Days 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE _____
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. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. W.E. Wilson, 2912 Geyer Ave.

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diagnosis: Arterio Sclerosis		INTERVAL BETWEEN ONSET AND DEATH 1941
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senile dementia		
	DUE TO (c) Last 7 days acute cold in head + chest		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION (None) Const. age (98) 4500	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.) Died in home of snowblind	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 **12-2-1949**, to **1-4-**, 19**51**, that I last saw the deceased alive on **1-4-**, 19**51**, and that death occurred at **11 am.**, from the causes and on the date stated above.

23a. SIGNATURE Sub. P. Jennings (Degree or title)	23b. ADDRESS 3734 - Jennings Rd.	23c. DATE SIGNED _____
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 9, 1951	24c. NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		

DATE REC'D BY LOCAL REG. 1/8/51	REGISTRAR'S SIGNATURE Robert R. Lombke	25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly ADDRESS 3840 Lindell Blvd.
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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 *Thomas R. Fenwick*

Signed.....
Student Embalmer

Licensed Embalmer No. *3793*

P. O. Address *3840 Lindell*

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.