

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9830  
2409

FILED MAR 29 1951

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1003

State File No. ....  
Registrar's No. ....

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. ....		Registrar's No. ....			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>6 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		d. STREET ADDRESS (If rural, give location) <u>2646 Minnesota Avenue</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Pacific Hospital</u>											
3. NAME OF DECEASED (Type or Print) <u>MARCUS</u>		a. (First)		b. (Middle) <u>D.</u>		c. (Last) <u>Anderson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 11-1951</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>May 28-1861</u>		9. AGE (In years last birthday) / <u>89</u> If under 1 year: Months _____ Days _____ If under 6 hrs: Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Accountant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Quincy Illinois</u>		12. CITIZEN OF WHAT COUNTRY?					
13a. FATHER'S NAME <u>John Anderson</u>			13b. MOTHER'S MAIDEN NAME <u>Esther Roberts</u>			14. NAME OF HUSBAND OR WIFE <u>Rose</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Hazel Conroy</u>						ADDRESS <u>2646 Minnesota</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Post-operative Paralytic</u> ANTECEDENT CAUSES <u>Lobar Pneumonia</u> 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.						INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION <u>9-26-51</u> <u>12-24-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Prostate Hypertrophy</u>						20. AUTOPSY? YES <input checked="" 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)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>610X</u>							
22. I hereby certify that I attended the deceased from <u>27 Jan, 1951</u> , to <u>11 Mar, 1951</u> , that I last saw the deceased alive on <u>11 Mar, 1951</u> , and that death occurred at <u>7:30 P</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <u>N. A. KA</u>				23b. ADDRESS <u>M. J. ...</u>		23c. DATE SIGNED <u>12 Mar 51</u>					
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-14-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis County Missouri</u>					
DATE REC'D BY LOCAL REGISTRAR <u>MAR 14 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin</u>		ADDRESS <u>2301 Lafayette</u>					

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.....

*H. G. Farris*  
.....  
Licensed Embalmer No. *3348*  
.....  
P. O. Address *St Louis*  
.....

Signed.....  
Student Embalmer

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.