

FILED NOV 8 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34783

State File No. 9418

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY <u>St. Louis - Mo.</u>		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) OR TOWN <u>St. Louis MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>De Paul Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>4122 Schreve Ave</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eugene</u> b. (Middle) <u>J</u> c. (Last) <u>Anderer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 24 51</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1887 Dec 25 1888</u>
9. AGE (In years less birthday) <u>63</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) <u>St. Louis MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Anderer</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Miller</u>	
14. NAME OF HUSBAND OR WIFE <u>Gertrude Anderer.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marcella Anderer 4122 Schreve Ave</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma brain</u> ANTECEDENT CAUSES <u>Malignant conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Carcinoma adrenal</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		<u>1951</u>	
22. I hereby certify that I attended the deceased from <u>Sept 7, 1951</u> to <u>Oct 24, 1951</u> (that I last saw the deceased alive on <u>Oct 23, 1951</u> and that death occurred at <u>2 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John A. Smith M.D.</u>		23b. ADDRESS <u>4952 Maryland</u>	
23c. DATE SIGNED <u>10-25-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Oct 26 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		DATE REC'D BY LOCAL REG. <u>OCT 25 1951</u>	
REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stroot-Carroll - 4600 Nat Bridge Ave</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.....

*Albert Mayfield*

Signed.....  
Student Embalmer

Licensed Embalmer No.....

*3077*

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 34783  
Local Registrar's No. 9418

State of ..... }  
County of ..... } ss.

**AFFIDAVIT FOR CORRECTION OF A RECORD**

On this ..... day of ....., 194....., before me appears.....

for Engene J. Anderson, who, upon ..... oath, states that the original record of <sup>birth</sup> death  
died 10-24-51, 19....., in the State of  
~~born~~ Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. 8 should read Dec 25-1887

Instead of..... 1898

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief

(SEAL)

Throat - Carroll  
Affiant John E. Caffery Relationship.

4600 Pratt Bridge  
Present Address.

Subscribed and sworn to before me this 31 day of Oct., 1951.

My Commission expires 3-4-53 John E. Caffery Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.