

FILED NOV 2 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34786**

**318**

**1003**

Registrar's No. **9183**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (In this place) <b>3 Days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis, Mo.</b> <b>2189</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>St. Louis City Hospital #1</b>				e. STREET ADDRESS (If rural, give location) <b>4550 Wichita</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>ESKIL</b>			b. (Middle) _____		c. (Last) <b>ANDERSON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>OCT. 16 1951</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>1-18-1880</b>		9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <b>71 9 1</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Concrete Worker</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>X X X X X X X X</b>		11. BIRTHPLACE (State or foreign country) <b>Sweden</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Anderis Anderson</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Hulda Anderson</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No X X X X X X X X X X</b>			16. SOCIAL SECURITY NO. <b>94021470</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>G.A. Anderson 621 County Hills Dr.</b>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia</b>  ANTECEDENT CAUSES Morbid 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. <b>Arteriosclerotic heart disease?</b>						INTERVAL BETWEEN ONSET AND DEATH <b>?</b>	
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? <b>H20</b>					
22. I hereby certify that I attended the deceased from <b>19-13-51</b> , 19____, to <b>10-16-51</b> , 19____, that I last saw the deceased alive on <b>10-16-51</b> , 19____, and that death occurred at <b>6:20 Pm.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>John T. Lawton, M.D.</b> (Degree or title)				23b. ADDRESS <b>1515 Lafayette Avenue</b>			23c. DATE SIGNED <b>10-17-51</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-19-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>			
24e. LOCAL REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Jay B. Smith Funeral Home 7156 Manchester Maplewood, 17, Mo.</b>					

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.