

FILED JAN 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42723

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11779**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		a. STATE Missouri b. COUNTY 2239	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 1430 rear So. Broadway	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) Moses	b. (Middle)	c. (Last) Anderson	Dec. 31 1951			
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 9, 1901	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher workman		10b. KIND OF BUSINESS OR INDUSTRY Meat packing	11. BIRTHPLACE (State or foreign country) Mississippi (Clarksdale)		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Dan Anderson	13b. MOTHER'S MAIDEN NAME Frances Berryman	14. NAME OF HUSBAND OR WIFE Annie Anderson
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. 497-09-8962	17. INFORMANT'S SIGNATURE OR NAME Annie Anderson ADDRESS 1430 rear So. B'dWwy

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH Undet.
	ANTECEDENT CAUSES DUE TO (b) Rheumatic Heart Disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) Undetermined		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary Anemia			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H/LX

22. I hereby certify that I attended the deceased from **12-24**, 19 **51**, to **12-31**, 19 **51**, that I last saw the deceased alive on **12-31**, 19 **51**, and that death occurred at **11:10pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harold W. Harris, M. D.	23b. ADDRESS 2601 N Whittier St	23c. DATE SIGNED 1-2-52
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 1-7-52	24c. NAME OF CEMETERY OR CREMATORY Washington Park
DATE REC'D BY LOCAL JAN 3 1952	REGISTRAR'S SIGNATURE J. Carl Smith, Md	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
25. FUNERAL DIRECTOR'S SIGNATURE Russell Und., Co. ADDRESS 2732 Pine Blvd.		

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.....
Student Embalmer

Signed *James A. Carter*

Licensed Embalmer No. *4681*

P. O. Address *St. Louis*

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.