

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29196**

BIRTH **15 AUG 15 1952** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7170**

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>2110</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At Home 3945 A Fairfax</b>		d. STREET ADDRESS (If rural, give location) <b>3945 A. Fairfax</b>	

3. NAME OF DECEASED (Type or Print) <b>Harriet Anderson</b>			4. DATE OF DEATH (Month) <b>7</b> (Day) <b>23</b> (Year) <b>52</b>	
5. SEX <b>Female 3</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>Sept. 5, 1874</b>	9. AGE (In years last birthday) <b>78</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self Employed</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Tenso Paris, Louisiana /</b>	
13a. FATHER'S NAME <b>Ed. Brown</b>			14. NAME OF HUSBAND OR WIFE <b>James Anderson</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NONE</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mary Jamison</b> ADDRESS <b>3945 Fairfax</b>	
--	--	-------------------------------------	---	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		DUE TO (b) <b>Hypertension</b>		<b>1 week</b>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		<b>None</b>
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	20. AUTOPSY? YES <input 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>331A</b>
---	--	--

22. I hereby certify that I attended the deceased from **June 9, 1952**, to **July 23, 1952**, that I last saw the deceased alive on **July 22, 1952**, and that death occurred at **12:45 m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Wm. H. Henslee</b> (Degree or title) <b>Dr. D.</b>	23b. ADDRESS <b>3524 Franklin</b>	23c. DATE SIGNED <b>July 27, 1952</b>
--	-----------------------------------	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal 4</b>	24b. DATE <b>July 28, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, County, Mo.</b>
--	--------------------------------	---	---

DATE REC'D BY LOCAL REG. <b>JUL 26 1952</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>ER K... 1221 N. ...</b> ADDRESS
---	--	---

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 Clarence Crooks

Licensed Embalmer No. 4754

P. O. Address 1221 W. 1st St.

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.