

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

No. 300

10-48

 BIRTH NO. SEP 3-1952

 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>2110</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>8 mos. 13 days</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>4235 W. Belle Place</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CITY INFIRMARY HOSPITAL</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>OSCAR</u>		b. (Middle) <u>ANDERSON</u>	
c. (Last) <u>ANDERSON</u>		4. DATE OF DEATH (Month) <u>8</u> (Day) <u>13</u> (Year) <u>1952</u>	
5. SEX <u>Male 2</u>		6. COLOR OR RACE <u>Negro</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Separated</u>		8. DATE OF BIRTH <u>July 6, 1901</u>	
9. AGE (In years last birthday) <u>51</u>		10. IF UNDER 1 YEAR Months <u>5</u> IF UNDER 1 YEAR Days <u>13</u> IF UNDER 24 HRS. Hours <u>13</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>New Orleans, La.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>A. Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Annie ?</u>	
14. NAME OF HUSBAND OR WIFE <u>Theresa Anderson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>City Infirmery</u>		ADDRESS <u>5800 Arsenal St.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aortic Valvular Insufficiency</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5yrs?</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) <u>Luetic Aortitis</u>		<u>5 ? yrs.</u>	
DUE TO (c) <u>Cardio Vascular Lues</u>		<u>20 yr.?</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>C.N.S.</u>		<u>5 yrs?</u>	
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 <u>0.23X</u>			
22. I hereby certify that I attended the deceased from <u>Nov. 30</u> , 19 <u>51</u> , to <u>August 13, 1952</u> , that I last saw the deceased alive on <u>8/13/52</u> , and that death occurred at <u>7:35 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>M. L. Lockhausen M.D.</u>		23b. ADDRESS <u>5600 Arsenal St.</u>	
23c. DATE SIGNED <u>8/14/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8/19/52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co.</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>J. C. Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. Keene</u>	
ADDRESS <u>1221 N. Grand</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 _____

C. Creams

Licensed Embalmer No. *1221 N. G. W.*

P. O. Address *4755*

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.