

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30366

State File No.

S. No. 300
v. 10.48

XC 1 483 781
Reg. # 103 506
FILED AUG 23 1952

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2187

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS		c. LENGTH OF STAY (In this place) 34 days	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBSTER GROVES		d. STREET ADDRESS (If rural, give location) 7905 WATSON ROAD	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMIN. HOSPITAL		e. ? 4800	
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) E.	
c. (Last) ANDERSON		4. DATE OF DEATH (Month) (Day) (Year) 8-18-52	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH 12-29-85
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	
11. BIRTHPLACE (City and State or Foreign Country) PULTISCKER, WISCONSIN		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joe Buck		13b. MOTHER'S MAIDEN NAME Maitha Krake	
14. NAME OF HUSBAND OR WIFE NONE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI	
16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BRKS, MO.	
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) ENCEPHALOMALACTIA ANTECEDENT CAUSES DUE TO (b) CEREBRAL ARTERIOSCLEROSIS DUE TO (c) GENERALIZED ARTERIOSCLEROSIS II. OTHER SIGNIFICANT CONDITIONS ARTERIOSCLEROTIC HEART DISEASE BRONCHIAL ASTHMA	
INTERVAL BETWEEN ONSET AND DEATH 24 hrs		3 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334X	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (i.e., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 81	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) VA		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 7-15-52 , 19___, to 8-18-52 , 19___, and that I was the attending physician and that death occurred at 4:15A m. , from the causes and on the date stated above.	
23a. SIGNATURE OF REGISTRAR Herbert R. Donke		23b. ADDRESS M. D. VA HOSP. JEFF. BRKS. MO.	
23c. DATE SIGNED 8-19-52		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 8-21-52		24c. NAME OF CEMETERY OR CREMATORY NATIONAL	
24d. LOCATION (City, town, or county) (State) JEFF. BRKS, MO.		25. FUNERAL DIRECTOR'S SIGNATURE MS Southern Funeral Home 6322 So Grand	
DATE REC'D BY LOCAL REG. 8-20-52		REGISTRAR'S SIGNATURE Herbert R. Donke	
25. FUNERAL DIRECTOR'S SIGNATURE MS Southern Funeral Home 6322 So Grand		ADDRESS	

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 David The Fossan

Licensed Embalmer No. 4949

P. O. Address: 6322 So Grand

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.