

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19142**

FILED JUN 10 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5260**

<b>1. PLACE OF DEATH</b> a. COUNTY  b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <b>St. Louis</b> c. LENGTH OF STAY (in this place) <b>40 yrs.</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Infirmary</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> d. STREET ADDRESS (If rural, give location) <b>410 Enright Avenue Apt. H</b>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>James</b> b. (Middle) c. (Last) <b>Anders</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>May 23, 1953</b>			
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>Negro</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>married</b>	<b>8. DATE OF BIRTH</b> <b>Dec. 22, 1902</b>	<b>9. AGE</b> (In years last birthday) <b>50</b> IF UNDER 1 YEAR Months Days IF UNDER 1 MIN. Hours Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Shipping Clerk</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Borden Dairy</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Milan, Tennessee</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U S A</b>
<b>13a. FATHER'S NAME</b> <b>William Anders</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Polly Spellings</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Izora Anders</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>489-038836</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>John Anders, 4714 McMillan Ave.</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cancer of the Bladder</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pyelonephritis Ac. &amp; Ch.</b> DUE TO (c) <b>Arteriosclerosis</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>4 mo.</b>  <b>4 wks.</b>  <b>1 wk.</b>
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>Bilateral Nephrectomy with ureters</b>			<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>  <b>181X</b>	
<b>22. I hereby certify that I attended the deceased from <u>3/19</u>, 19<u>53</u>, to <u>5/23</u>, 19<u>53</u>, that I last saw the deceased alive on <u>5/22</u>, 19<u>53</u> and that death occurred at <u>7 P</u> m., from the causes and on the date stated above.</b>					
<b>23a. SIGNATURE</b> (Degree or title) <b>Samuel W. Brown M.D.</b>			<b>23b. ADDRESS</b> <b>11 N. Jefferson Ave.</b>		<b>23c. DATE SIGNED</b> <b>5/26/53</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>		<b>24b. DATE</b> <b>May 27, 1953</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>24d. LOCATION</b> (City, town, or county) (State) <b>Milan, Tennessee</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>MAY 26 1953</b>		<b>REGISTRAR'S SIGNATURE</b> <b>J. Carl Smith M.D.</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Charles J. Gates 4107 Finney</b>	

(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 \_\_\_\_\_



Licensed Embalmer No. 4259

P. O. Address. 4107 Finney Avenue

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.