

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26083

FILED JUL 31 1953  
BIRTH NO. 45812 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 State File No. 6267 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN E St. Louis 8920	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Infirmary		d. STREET ADDRESS (If rural, give location) 1436a Piggott 8	
3. NAME OF DECEASED (Type or Print) a. (First) Anderson b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 6-18-53
5. SEX male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 6-18-53
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 8
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Curtis Anderson	
13b. MOTHER'S MAIDEN NAME Melverda Ball		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME melvada anderson		ADDRESS SAME AS ABOVE	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUE TO (b) prematurity		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)		

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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 776X
22. I hereby certify that I attended the deceased from 6-18 4:00am, 1953, to 6-18 12:45pm, 1953, that I last saw the deceased alive on 6-18, 1953, and that death occurred at 12:45 p. m., from the causes and on the date stated above.		

23. SIGNATURE Clifford A. Homochers (Degree or title)	23b. ADDRESS 360 A So 15 E St. Louis	23c. DATE SIGNED 6/18/53
24a. BURIAL (CREMATION, REMOVAL) (Specify)	24b. DATE 6-30-53	24c. NAME OF CEMETERY OR CREMATORY Anatomical Board
24d. LOCATION (City, town, or county) St. Louis, Mo.		(State)

DATE REC'D BY LOCAL REG. JUN 23 1953	REGISTRAR'S SIGNATURE J. C. Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service	ADDRESS 1104 Manchester Ave.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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.....

P. O. Address.....

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.