

FILED NOV 6 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36983

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9641

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		c. LENGTH OF STAY* (In this place) 6 Wks.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Marian Hospital		c. CITY (If outside corporate limits, write RURAL and give township) Webster Groves 607	
d. STREET ADDRESS 931 So. Gore		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) Carrie		a. (First) b. (Middle) c. (Last) Anderson	
4. DATE OF DEATH (Month) (Day) (Year) Oct. 7, 1953		4. DATE OF DEATH (Month) (Day) (Year)	
5. SEX female		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow		8. DATE OF BIRTH July 29, 1875	
9. AGE (In years last birthday) 78		10. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Rheinland, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Hy Lautenschlager		13b. MOTHER'S MAIDEN NAME not known	
14. NAME OF HUSBAND OR WIFE Robert J		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) no		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Robt. Anderson		ADDRESS 3903 Gustine	
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) <u>Carcinoma, generalized</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Carcinoma, breast</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20. AUTOPSY?	
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)		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? 170X		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>May 1, 1952</u> , to <u>Oct 7, 1953</u> , that I last saw the deceased alive on <u>Oct 6, 1953</u> , and that death occurred at <u>4:30A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>M. R. Wulachi</u>		23b. ADDRESS <u>8301 a Grand</u>	
23c. DATE SIGNED <u>10-8-53</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/9/53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>New Picker Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Mo.</u>	
DATE REC'D BY LOCAL REG. OCT 9 1953		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>J L Ziegenhein & Sons</u>		ADDRESS <u>7027 Gravois</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Ronald E Benz

working under my personal supervision.

Student Embalmer No. *4803*

Signed *Ronald E Benz*
Student Embalmer

Signed *E. P. Tidwell*

Licensed Embalmer No. *3877*

P. O. Address *7027 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.