

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **40142****40142**

FILED NOV 19 1953

BIRTH NO.

REG. DIST. NO. **318**PRIMARY REG. DIST. NO. **1003**Registrar's No. **10278**

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township)  
OR  
TOWN **St. Louis**

c. LENGTH OF STAY (in this place)

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

**Missouri**

b. COUNTY

**2127**c. CITY OR TOWN **St. Louis**d. Is Residence within limits of a city or incorporated town?  
Yes  No d. FULL NAME OF HOSPITAL OR INSTITUTION **Homer G. Phillips Hospital**e. STREET ADDRESS (If rural, give location)  
**4632 Vernon**3. NAME OF DECEASED  
(Type or Print)

a. (First)

**Arthur**

b. (Middle)

c. (Last)

**Anderson**

## 4. DATE OF DEATH

(Month)

(Day)

(Year)

**10 28 53**

## 5. SEX

**Male**

## 6. COLOR OR RACE

**Negro**

## 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

**Married**

## 8. DATE OF BIRTH

**December 24, 1900**

## 9. AGE (In years last birthday)

**52**

IF UNDER 1 YEAR

MONTHS

IF UNDER 12 HRS.

MIN.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Laborer**

## 10b. KIND OF BUSINESS OR INDUSTRY

**City of St. Louis Mineral Point, Mo**

## 11. BIRTHPLACE (City and State or Foreign Country)

## 12. CITIZEN OF WHAT COUNTRY?

**U. S. A.**

## 13a. FATHER'S NAME

**Warne Anderson**

## 13b. MOTHER'S MAIDEN NAME

**Susie Cook**

## 14. NAME OF HUSBAND OR WIFE

**Edith Anderson**

## 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.

**None**

## 17. INFORMANT'S SIGNATURE OR NAME

**Edith Anderson 4632 a. Vernon Ave**

## ADDRESS

## 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.

## I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

**Cerebral Hemorrhage**

## ANTECEDENT CAUSES

Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## INTERVAL BETWEEN ONSET AND DEATH

**Undt.**

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

YES  NO 

## 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  NOT WHILE AT WORK 

## 21f. HOW DID INJURY OCCUR?

**331X**22. I hereby certify that I attended the deceased from **10-24**, **1953**, to **10-28**, **1953**, that I last saw the deceased alive on **10-28**, **1953**, and that death occurred at **5:30 P.m.**, from the causes and on the date stated above.

## 23a. SIGNATURE:

**E. B. Williams**

(Degree or title)

**M.D.**

## 23b. ADDRESS

**2601 N. Whittier**

## 23c. DATE SIGNED

**10-29-53**

## 24a. BURIAL, CREMATION, REMOVAL (Specify)

**Removal**

## 24b. DATE

**11/2/53**

## 24c. NAME OF CEMETERY OR CREMATORY

**Washington Park**

## 24d. LOCATION (City, town, or county)

**St. Louis County, Missouri**

## (State)

## DATE REC'D BY LOCAL

**OCT 29 1953**

## REGISTRAR'S SIGNATURE

**J. Earl Smith, M.D.**

## 25. FUNERAL DIRECTOR'S SIGNATURE

**C. W. Roberts 1416 N. Taylor Ave.**

## ADDRESS

(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.....  
Signature of Student Embalmer

Signed *James Carter*

Licensed Embalmer No. *468*  
P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.