

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **45181**
Registrar's No. **12238**

FILED JAN 19 1954

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 12238			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St. Louis		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL				e. STREET ADDRESS (If rural, give location) 21 1816 rear Franklin					
3. NAME OF DECEASED (Type or Print) THOMAS			a. (First)		b. (Middle)		c. (Last) ANDERSON		
4. DATE OF DEATH DECEMBER 24, 1953				5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH 12-12-1894		9. AGE (In years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) oller		10b. KIND OF BUSINESS OR INDUSTRY river barge		11. BIRTHPLACE (City and State or Foreign Country) Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William C. Anderson		13b. MOTHER'S MAIDEN NAME Mary Ann Morris		14. NAME OF HUSBAND OR WIFE Bertha Anderson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 487-18-5399		17. INFORMANT'S SIGNATURE OR NAME Joe Anderson, Sikeston, 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC ARREST				INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) BLEEDING GASTRIC ULCER					
				DUE TO (c) Idiopathic IREVERSIBLE SHOCK					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. GASTRIC DILATATION					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION GASTRIC ULCER - DILATATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? 5400					
22. I hereby certify that I attended the deceased from 12-11-53, 19 , to 12-24-53, 19 , that I last saw the deceased alive on 12-24-53, 19 , and that death occurred at 7:20A m., from the causes and on the date stated above.									
23a. SIGNATURE Martin H. Austin M.D.				23b. ADDRESS 1515 Lafayette Avenue				23c. DATE SIGNED 12-24-53	
24a. BURIAL, CREMATION REMOVAL (Specify) removal		24b. DATE 12-25-53		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.			
DATE REC'D BY LOCAL REG. DEC 28 1953		REGISTRAR'S SIGNATURE J. Earl Smith M.D.				25. FUNERAL DIRECTOR'S SIGNATURE Haman F.H., Cape Girardeau, Mo.			

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.....
Licensed Embalmer No. 408
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.