

No. 300  
10-48

FILED JAN 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3481**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **137**

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Saint Louis</b>                                   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <b>Clayton</b> |  | c. CITY OR TOWN <b>Kinloch</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Saint Louis County Hosp</b>              |  | e. STREET ADDRESS (If rural, give location) <b>422 Mc Guire Street</b>   |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>WILEY</b> b. (Middle) _____ c. (Last) <b>ANDERSON</b> |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Jan. 13 1954</b> |  |  |
|--|--|--|--|--|--|

|                    |                              |   |                                    |   |                                  |                                  |                           |
|--------------------|------------------------------|---|------------------------------------|---|----------------------------------|----------------------------------|---------------------------|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>Col.</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>1 Feb 1872</b> | 9. AGE (In years last birthday) <b>81</b> | 10. IF UNDER 1 YEAR Months _____ | 11. IF UNDER 24 HRS. Hours _____ | 12. IF UNDER 1 Min. _____ |
|--------------------|------------------------------|---|------------------------------------|---|----------------------------------|----------------------------------|---------------------------|

|  |  |  |  |   |  |   |  |
|--|--|--|--|---|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b> |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>Steel Foundry</b> |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Tupelo, Mississippi</b> |  | 12. CITIZEN OF WHAT COUNTRY? <b>S. A.</b> |  |
|--|--|--|--|---|--|---|--|

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| 13a. FATHER'S NAME <b>Yancy Anderson</b> |  | 13b. MOTHER'S MAIDEN NAME <b>Tobitha (unknown)</b> |  | 14. NAME OF HUSBAND OR WIFE <b>Rosie J. Anderson</b> |  |  |  |
|--|--|--|--|--|--|--|--|

|  |  |                                     |  |   |  |  |  |
|--|--|-------------------------------------|--|---|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> |  | 16. SOCIAL SECURITY NO. <b>None</b> |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mattie Grant, 424 Mc Guire, Kinloch, Mo.</b> |  |  |  |
|--|--|-------------------------------------|--|---|--|--|--|

|  |  |   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*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> |  | MEDICAL CERTIFICATION   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH       |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Massive gastric hemorrhage hours</b>   |  | ANTECEDENT CAUSES   |  |  |  | DUE TO (b) <b>Gastric ulcer. days.</b> |  |
|  |  | DUE TO (c) _____  |  |  |  |  |  |
| II. OTHER SIGNIFICANT CONDITIONS   |  | Conditions contributing to the death but not related to the disease or condition causing death. <b>Carcinoma prostate</b> |  |  |  | ?                                      |  |

|                        |  |                                  |  |  |  |
|------------------------|--|----------------------------------|--|--|--|
| 19a. DATE OF OPERATION |  | 19b. MAJOR FINDINGS OF OPERATION |  | 20. AUTOPSY? <b>5400</b> YES <input checked="" 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) (Min.) |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR? |  |
|--|--|--|--|----------------------------|--|

22. I hereby certify that I attended the deceased from **12-20**, 19 **53**, to **1-13**, 19 **54**, that I last saw the deceased alive on **1-13**, 19 **54**, and that death occurred at **4:50p** m., from the causes and on the date stated above.

|  |  |  |  |                                 |  |
|--|--|--|--|---------------------------------|--|
| 23a. SIGNATURE <b>Halver S. Allen M.D.</b> (Degree or title) |  | 23b. ADDRESS <b>601 S. Brentwood, Clayton, Mo.</b> |  | 23c. DATE SIGNED <b>1-14-54</b> |  |
|--|--|--|--|---------------------------------|--|

|   |  |                              |  |   |  |   |  |
|---|--|------------------------------|--|---|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> |  | 24b. DATE <b>16 Jan 1954</b> |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood</b> |  | 24d. LOCATION (City, town, or county) (State) <b>Hillsdale, Mo.</b> |  |
|---|--|------------------------------|--|---|--|---|--|

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. <b>1/15/54</b> |  | REGISTRAR'S SIGNATURE <b>Hebert B. Amke, M.D.</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Boyd Bros Funeral Home, Kinloch, Mo.</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.....  
Signature of Student Embalmer

Signed.....  
*Edward T. Flynn*

Licensed Embalmer No..... 44  
458a Page B  
P. O. Address.. Saint 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.