

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3994

FILED MAR 8 1954		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 218
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) Life		e. STREET ADDRESS (If rural, give location) 2101 1/2 Messanie St. 01170		
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. St. Joseph's Hosp.				
3. NAME OF DECEASED (Type or Print) Theresa		a. (First) Theresa	b. (Middle) Anderson	c. (Last) Anderson
4. DATE OF DEATH Feb. 25, 1954				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 13, 1878	9. AGE (In years: Months Days) 76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10b. KIND OF BUSINESS OR INDUSTRY Pennant Cafeteria	11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Joseph Zweng		13b. MOTHER'S MAIDEN NAME Mary Metzler	14. NAME OF HUSBAND OR WIFE Ernest 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. 491-22-6661	17. INFORMANT'S SIGNATURE OR NAME Mrs Jessie Roberts	
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 St. Joseph, Mo. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis General 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 1 day unknown
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) m.		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 Feb 25, 1954, to Feb 25, 1954, that I last saw the deceased alive on Feb 25, 1954, and that death occurred at 3:05 p. m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <i>Mustie A. Lee</i>		23b. ADDRESS M. S. Kirkpatrick Bldg 510 1/2 W. 11th St. St. Joseph, Mo.	23c. DATE SIGNED 2-26-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 1, 54	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
DATE REC'D BY LOCAL REG. Mar 1, 1954	REGISTRAR'S SIGNATURE <i>Kathleen M. Allison</i>	FUNERAL DIRECTOR'S SIGNATURE <i>Norman W. Sidenfaden</i>	ADDRESS 1802 Union St. St. Joseph, Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

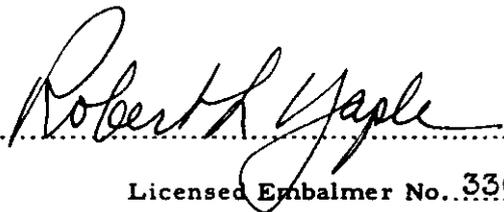
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 3308..

P. O. Address St. Joseph,

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