

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**5871**

State File No. ....

**1376**

**FILED MAR 4 1954**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. ....

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY		a. STATE <b>Missouri</b>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>St. Louis, Mo.</b>		b. COUNTY	
c. LENGTH OF STAY (In this place) <b>34 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1635 Cole St.</b>		d. STREET ADDRESS (If rural, give location) <b>2.5 1635 Cole St.</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <b>Lloyd</b>	b. (Middle)	c. (Last) <b>Anderson</b>	<b>Feb. 11, 1954</b>		

<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>Negro</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>Dec. 25, 1894</b>	<b>9. AGE</b> (In years last birthday) <b>59</b>	if UNDER 1 YEAR Months <b>1</b> Days <b>11</b>	if UNDER 1 HR. Hours <b>0</b> Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Porter</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Dry Goods Store</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Newport, Arkansas</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U. S. A.</b>
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<b>13a. FATHER'S NAME</b> <b>Robert Anderson</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Millie Sheford</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Deceased</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>Yes</b>	<b>16. SOCIAL SECURITY NO.</b> <b>W. War I: 1918-18-6785</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Lloyd W. Anderson</b>	<b>ADDRESS</b> <b>3858 St. Ferd.</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Coronary Occlusion</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>ANTECEDENT CAUSES</b> <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Arterio Sclerosis</b>		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT, SUICIDE, HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>4201</b>
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**22- I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 19, and that death occurred at 6:20 P.M., from the causes and on the date stated above.**

<b>23. SIGNATURE</b> (Degree or title) <i>[Signature]</i>	<b>23b. ADDRESS</b> <b>1300 Clark</b>	<b>23c. DATE SIGNED</b> <b>2/2/54</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>Feb. 16, 54</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>National Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>FEB 13 1954</b>	<b>REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>[Signature]</i>	<b>ADDRESS</b> <b>022 08th St.</b>
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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Jeffrey E. Cooper*

Signed.....

Student Embalmer

Licensed Embalmer No. *4600*

P. O. Address *4648 St. Ferdinand*

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.