

STANDARD CERTIFICATE OF DEATH

State File No. **8444**

FILED APR 2 1954

BIRTH NO.		REG. DIST. NO. 145	PRIMARY REG. DIST. NO. 5566	Registrar's No. 82
1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2167		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bellevue, Mo High 21		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, City		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 2359A So. Compton St.		
3. NAME OF DECEASED (Type or Print) a. (First) Shirley		b. (Middle) Dean		c. (Last) Anderson
4. DATE OF DEATH (Month) 3 (Day) 28 (Year) 54				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2/6/1934	9. AGE (In years last birthday) 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Women		10b. KIND OF BUSINESS OR INDUSTRY Store		11. BIRTHPLACE (State or foreign country) Montgomery City Mo
12. CITIZEN OF WHAT COUNTRY? US.A.				
13a. FATHER'S NAME David Teery		13b. MOTHER'S MAIDEN NAME Helen Owens		14. NAME OF HUSBAND OR WIFE Edward L. Anderson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 500-32-8655		17. INFORMANT'S SIGNATURE OR NAME Helen Able ADDRESS 3510 Webash St Louis
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Internal Injuries DUE TO (c) Broken Neck & Back		INTERVAL BETWEEN ONSET AND DEATH
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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway #21		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bellevue Iron Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3-28-54 10:00		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Speeding hit concrete bridge
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on 1954 , and that death occurred at 10 h m , from the causes and on the date stated above.				
23a. SIGNATURE [Signature] (Degree or title) Coroner.		23b. ADDRESS Ironton, Mo.		23c. DATE SIGNED 3/29/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/31/54		24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cem.
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Southaven Funeral Home St. Louis		
DATE REC'D BY LOCAL REG. Mar 30 - 1954		REGISTRAR'S SIGNATURE [Signature]		(Licensed Embalmer's Statement on Reverse Side)

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

APR 15 1954

APR 5

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
Student Embalmer

Signed C. H. Hamell

Licensed Embalmer No. 3670

P. O. Address Winton, m

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.