

20130

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 5521

FILED JUL 2 - 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>2229 1715 Papin</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ollie</u>		b. (Middle)	c. (Last) <u>Anderson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 18, 1954</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, <u>WIDOWED</u> , DIVORCED (Specify)	8. DATE OF BIRTH <u>Unknown</u>	9. AGE (In years last birthday) <u>Abt/ 67</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Annie Mae Perry</u>		ADDRESS <u>1715 Papin</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>Undt</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular Disease</u>			II. OTHER SIGNIFICANT CONDITIONS <u>Auricular Fibrillation</u> <u>Arteriolar Nephrosclerosis</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			

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) <u>443X</u>				
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 June 15, 1954, to June 18, 1954, that I last saw the deceased alive on June 18, 1954, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. B. Williams</u>		(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>2601 N. Whittier</u>		23c. DATE SIGNED <u>6/19/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>6/23/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson</u>	24d. LOCATION (City, town, or county) (State) <u>Robertson, Missouri</u>		

DATE REC'D BY LOCAL REG. <u>JUN 21 1954</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. B. Williams</u>	ADDRESS <u>1221 N. Grand</u>	
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S. P. (Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

**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 *Gupton Swan*.....

Licensed Embalmer No. *458*

P. O. Address *1221 N. G.*

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.