

FILED SEP 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31601

State File No.

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 8201

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| BIRTH NO. | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | State File No. | | Registrar's No. 8201 | | | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY | | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | | c. LENGTH OF STAY (If in place) 24yr | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2069 | | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospt | | | | d. STREET ADDRESS (If rural, give location) 5128 Northland Avenue | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) John | | | b. (Middle) V. | | c. (Last) Anderson | | 4. DATE OF DEATH (Month) (Day) (Year) 9 2 1954 | | | | |
| 5. SEX Male | | 6. COLOR OR RACE Colored | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Sept. 23, 1929 | | 9. AGE (In years last birthday) 24 | | | |
| | | | | | | | | 10. UNDER 1 YEAR (Month) (Day) (Hour) (Min.) 11 10 | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant | | | 10b. KIND OF BUSINESS OR INDUSTRY Poultry | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri | | | 12. CITIZEN OF WHAT COUNTRY? U.S. A. | | | |
| 13a. FATHER'S NAME Vernon Anderson | | | 13b. MOTHER'S MAIDEN NAME Beatrice Velson | | | 14. NAME OF HUSBAND OR WIFE Helen Anderson | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes | | 16. SOCIAL SECURITY NO. #2 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Vernon Anderson, 5128 Northland | | | | | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound of abdomen; suffered when shot with gun in hands of one Wesley Butler, in front of about 2800 Delmar, about 3:25 A.M. Sept. 2nd, 1954. WHETHER JUSTIFIABLE OR HOMICIDAL COULD NOT BE DETERMINED. OPEN VERDICT ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS DETERMINED. OPEN VERDICT Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 20. AUTOPSY? 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) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? E981X | | | | | | | |
| 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 8:15 A.M., from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) James M Kelly Deputy Coroner | | | | 23b. ADDRESS 1300 Clark | | | | 23c. DATE SIGNED 9/7/54 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 9-8-54 | | 24c. NAME OF CEMETERY OR CREMATORY Washington Park, Cemel. St. Louis County Mo. | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | | | | | |
| DATE REC'D BY LOCAL REG. SEP 7 1954 | | REGISTRAR'S SIGNATURE J. Carl Smith | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS People's Undertaking Co. 3100 Frankl. in l... | | | | | | |

(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
Student Embalmer

Signed *H. Claude Ford*

Licensed Embalmer No. *3489*

P. O. Address *4575 Olden*

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.