No. 300
10.48

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

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38510

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9876

1. PLACE OF DEATH
a. COUNTY _____
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
c. LENGTH OF STAY (in this place) 60 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. LOUIS CITY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI. b. COUNTY 2267
c. CITY OR TOWN ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 2312 A. N. 14TH. ST.

3. NAME OF DECEASED (Type or Print)
a. (First) ROSEY b. (Middle) _____ c. (Last) ANDERSON

4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 31, 1954

5. SEX FEMALE
6. COLOR OR RACE WHITE.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW
8. DATE OF BIRTH DEC. 25TH 1879
9. AGE (In years last birthday) 74. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK
10b. KIND OF BUSINESS OR INDUSTRY AT HOME.
11. BIRTHPLACE (City and State or Foreign Country) ST. CHARLES, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME ALEC GENAIRD
13b. MOTHER'S MAIDEN NAME MARY TEASDALE.
14. NAME OF HUSBAND OR WIFE ALBERT ANDERSON. DECD.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. NONE.
17. INFORMANT'S SIGNATURE OR NAME KATE BROOKS. **ADDRESS** 4327 A. N. 19TH ST.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized abdominal metastatic carcinoma — INTERVAL BETWEEN ONSET AND DEATH: UNDET.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Carcinoma of uterus — "
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* malnutrition. Dehydration. generalized osteomyelitis.

19a. DATE OF OPERATION _____
19b. MAJOR FINDINGS OF OPERATION _____
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 174.X

22. *I hereby certify that I attended the deceased from* 10-27-54, 19____, *to* 10-31-54, 19____, *that I last saw the deceased alive on* 10-31-54, 19____, *and that death occurred at* 4:25P m., *from the causes and on the date stated above.*

23a. SIGNATURE Jno M Schuster Jr (Degree or title) MD
23b. ADDRESS 1515 Lafayette Avenue
23c. DATE SIGNED 11-1-54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE NOV. 3RD. 1954
24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY
24d. LOCATION (City, town, or county) ST. LOUIS (State) MO.

DATE REC'D BY LOCAL REG. NOV 1 1954
REGISTRAR'S SIGNATURE Karl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE Brockland Fun. Co. **ADDRESS** 1827 HOGAN ST.

(Licensed Embalmer's Statement on Reverse Side)

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~~ Paul A. Wachter, Student Embalmer No.

working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Paul A. Wachte

Licensed Embalmer No. 47

P. O. Address St. Lo

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.