

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43404**
Registrar's No. **11675**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 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. CITY OR TOWN St. Louis | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: Homer G. Phillips Hospital | | 6. STREET ADDRESS (If rural, give location) 5128 Northland Ave. 2069 | |

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|--|------------------------------|---|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print) Helen Anderson | | | 4. DATE OF DEATH (Month) (Day) (Year) 12 20 54 | | | |
| 5. SEX Female | 6. COLOR OR RACE Col. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Aug. 19, 1931 | 9. AGE (In years last birthday) 23 | IF UNDER 1 YEAR Months 4 Days 1 | IF UNDER 2 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME Lee Norwood | | 13b. MOTHER'S MAIDEN NAME Mary Lee Benton | | 14. NAME OF HUSBAND OR WIFE John Anderson | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME Mary L. Norwood ADDRESS 5128 Northland Ave. | |

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|--|--|---|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lupus Erythematosus | | | INTERVAL BETWEEN ONSET AND DEATH Undt. |
| *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) _____ | | | |
| | | 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|--|--|--|--|---|--|
| 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) (Min.) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 7054 | |

22. I hereby certify that I attended the deceased from **10-15, 1954**, to **12-20, 1954**, that I last saw the deceased alive on **12-20, 1954**, and that death occurred at **6:37 P.m.**, from the causes and on the date stated above.

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|--|--|--------------------------------------|--|--|--|
| 23a. SIGNATURE (Degree or title) Edwin B. Williams M.D. | | 23b. ADDRESS 2601 N. Whittier | | 23c. DATE SIGNED 12-21-54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) _____ | | 24b. DATE Dec. 27, 1954 | | 24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery | |
| | | | | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. | |

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| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE DEC 22 1954 Carl Smith MO | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.H. RANDLE & SON 3133 Bell Ave. | |
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *S. J. Watson*
Licensed Embalmer No. *269*
P. O. Address *2469 Chon*

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.