

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43407**  
Registrar's No. **11310**

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 <b>Mo.</b> b. COUNTY		
b. CITY OR TOWN <b>St Louis Mo</b>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>St Louis Mo.</b>		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 <b>1517 Pendleton Ave</b>			e. STREET ADDRESS (If rural, give location) <b>1517 Pendleton Ave 2119</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Sarah</b> b. (Middle) <b>Anderson</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>12-8-1954</b>		
5. SEX <b>3</b> <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>4-21-?</b>	9. AGE (In years last birthday) <b>abt. 70</b>	10. UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>La.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Falbert Rodgers</b>		13b. MOTHER'S MAIDEN NAME <b>Susan Kellern</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Carinthian Country 1517 Pendleton</b>		

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs.</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Diphtheria</b>		3 wks	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>490x</b>	

22. I hereby certify that I attended the deceased from **Nov 15, 1954** to **Dec 8, 1954**, that I last saw the deceased alive on **Dec 2, 1954**, and that death occurred at **12:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Sandra Howard M.D.</b>		23b. ADDRESS <b>4332 Canton</b>		23c. DATE SIGNED <b>12/11/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12-13-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood</b>	
24d. LOCATION (City, town, or county) (State) <b>St Louis Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>A. P. Beal and Co. 4303 Delmar</b>			
DATE REC'D BY LOCAL REG. <b>DEC 13 1954</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>			

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

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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 *Samuel W. J. J. J.*.....

Licensed Embalmer No...*480*.....

P. O. Address *3123 Polk*.....

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.