

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 4 1955

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

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 344	Registrar's No. 610
71. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pacific		
d. FULL NAME OF HOSPITAL OR INSTITUTION 396 S. HARRISON		d. STREET ADDRESS (If rural, give location) 188 Belville St.		
3. NAME OF DECEASED (Type or Print) a. (First) Samuel		b. (Middle) Andrestn		c. (Last) Andrestn
4. DATE OF DEATH March 11 1955 (Month) (Day) (Year)		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		
5. SEX Male		8. DATE OF BIRTH May 18, 1877		9. AGE (In years last birthday) 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common Laborer		10b. KIND OF BUSINESS OR INDUSTRY Lipbasser		11. BIRTHPLACE (City and State or Foreign Country) Chamolia Mo.
10c. CITIZEN OF WHAT COUNTRY? U.S.A.		14. NAME OF HUSBAND OR WIFE Deceased Hennretta Anderson		
13a. FATHER'S NAME Robert Anderson		13b. MOTHER'S MAIDEN NAME Unknown		17. INFORMANT'S SIGNATURE OR NAME Francie De Vault
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. 497-05-0519		ADDRESS 356 S. Harrison
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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CONGESTIVE heart failure		INTERVAL BETWEEN ONSET AND DEATH 7 months
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertensive heart disease		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ANEURYSM OF AORTA GENERAL ARTERIOSCL.				
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)
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?
22. I hereby certify that I attended the deceased from Nov - 1954 , to March 11, 1955 , that I last saw the deceased alive on March 11, 1955 and that death occurred at 7 A. M. , from the causes and on the date stated above.				
23a. SIGNATURE A. BECKER (Degree or title) M.D.		23b. ADDRESS Pacific Mo.		23c. DATE SIGNED 3/12/55
24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		24b. DATE Mar 16 1955		24c. NAME OF CEMETERY OR CREMATORY Pacific Cemetery
24d. LOCATION (City, town, or county) (State) Pacific Mo.		25. FUNERAL DIRECTOR'S SIGNATURE John W. Hemphill ADDRESS 408 S. Fillmore		
DATE REC'D BY LOCAL REG. 3/14/55		REGISTRAR'S SIGNATURE Richard K. ...		(Licensed Embalmers' Certificate on Reverse Side)

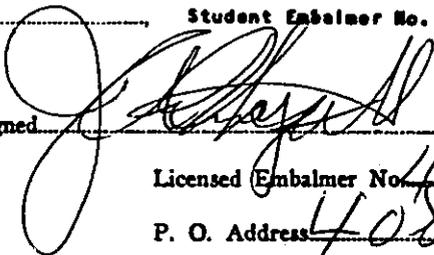
Kirkwood 22. Mo.

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 _____

working under my personal supervision.

Student
Student Embalmer

Signed  Student Embalmer No. _____

Licensed Embalmer No. 4497

P. O. Address 408 Tallmire

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.