

FILED MAY 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. ....

4066

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give town or town) <b>St. Louis</b>		a. STATE <b>Missouri</b>	b. COUNTY
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>		STREET ADDRESS (If rural, give location) <b>2842 Stoddard</b>	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <b>Izellia</b>	b. (Middle)	c. (Last) <b>Anderson</b>	(Month) <b>5</b> (Day) <b>5</b> (Year) <b>55</b>
5. SEX <b>F.</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Separated</b>	8. DATE OF BIRTH <b>Oct. 22, 1916</b>
9a. USUAL OCCUPATION (Specify kind of work done during most of working life, even if retired) <b>Laundry</b>	9b. KIND OF BUSINESS OR INDUSTRY <b>Med. Nat. Laundry</b>	9. AGE (In years last birthday) <b>38</b>	10. IF UNDER 1 YEAR Months <b>6</b> IF UNDER 4 HRS. Hours <b></b> Min. <b></b>
11a. BIRTHPLACE (City and State or Foreign Country) <b>Memphis</b>	12. CITIZEN OF WHAT COUNTRY?	11. BIRTHPLACE (City and State or Foreign Country) <b>Mississippi</b>	

13a. FATHER'S NAME <b>Tompson Memphis</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Gibson</b>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Lillian McKenzie</b> ADDRESS <b>2842 Stoddard</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Undt.</b>
	MALIGNANT CERTIFICATION <b>Malignant Hypertension with Uremia</b>		
	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		
	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 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>443X</b>

22. I hereby certify that I attended the deceased from **4-26**, 19**55**, to **5-5**, 19**55**, that I last saw the deceased alive on **5-5**, 19**55**, and that death occurred at **9:53a** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Edw. B. Williams</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>2601 N. Whittier</b>	23c. DATE SIGNED <b>5-5-55</b>
24a. DATE OF REMOVAL	24b. DATE <b>May 7, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>		

DATE REC'D BY LOCAL REG. <b>MAY 7 1955</b>	REGISTRAR'S SIGNATURE <b>Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Mrs. B. Ladouce</b> ADDRESS <b>10217 Grand</b>
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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 *Guifan Swan*.....

Licensed Embalmer No. *458*.....

P. O. Address *1221<sup>st</sup> St*.....

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.