

FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34537**
8726

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

1. PLACE OF DEATH
a. COUNTY _____
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 town(ship)) OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) **Life**
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **Homer Phillips Hospital**
STREET ADDRESS (If rural, give location) **4341 Fairfax Avenue** *21190*

3. NAME OF DECEASED (Type or Print) a. (First) **FRANCIS** b. (Middle) _____ c. (Last) **ANDERSON** 4. DATE OF DEATH (Month) (Day) (Year) **Oct. 3, 1955**

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Divorced** 8. DATE OF BIRTH **Feb. 26, 1917** 9. AGE (to years last birthday) **38** IF UNDER 1 YEAR Months **7** Days **7** IF UNDER 24 HRS. Hours **7** Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Car washer** 10b. KIND OF BUSINESS OR INDUSTRY **Pullman Shop** 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **William Anderson** 13b. MOTHER'S MAIDEN NAME **Frances Birch** 14. NAME OF HUSBAND OR WIFE **Ina Belle Whitmore**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes World War II** 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Frances B. Anderson 4341 Fairfax**

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* **Subdural Hematoma**
ANTECEDENT CAUSES **suffered when deceased fell striking his head on side wall in front of about 1508 No. St. Kittins, September 16, 1955. Cracked timber**
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 **unknown Accident** 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) **Accident** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) **Street** 21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) **St. Louis MO MO**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **Sept 16 55 ? m.** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **E903.5**

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Doctor or title) **James M Kelly M.D.** 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **10-6-55**

24a. BURIAL CREMATION OR REMOVAL (Specify) **CREMATION** 24b. DATE **10/10/1955** 24c. NAME OF CEMETERY OR CREMATORY **National Cemetery** 24d. LOCATION (City, town, or county) (State) **Jefferson Barracks, Mo.**

DATE REC'D BY LOCAL REG. **OCT 6 1955** REGISTRAR'S SIGNATURE **J. Carl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Charles J. Gates 4107 Finney**

(Licensed Embalmer's Statement on Reverse Side)

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

Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4107 Finno

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.