

7551

FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 353

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>544</u>		State File No.	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution—residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kirkwood</u>		c. LENGTH OF STAY (In this place) <u>3 & 1/2 Days</u>		c. CITY OR TOWN <u>Kirkwood</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>551 N. Clay</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard Royce</u> b. (Middle) <u>Dilworth</u> c. (Last) <u>Anderson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 2, 1956</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Nov. 23, 1952</u>		9. AGE (In years last birthday) <u>3</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Geo. Brock Anderson, Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Lorna Marie Vogel</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Geo. B. Anderson, Sr.</u>		ADDRESS <u>-551 N. Clay</u>	
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) <u>MALIGNANT BRAIN TUMOR, left FRONTAL LOBE c Hemorrhage</u>					INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>	DUE TO (b) _____	DUE TO (c) _____	II. OTHER SIGNIFICANT CONDITIONS <u>Broncho pneumonia, Bilat.</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	2 days		
19a. DATE OF OPERATION <u>4/29/56</u>	19b. MAJOR FINDINGS OF OPERATION <u>BRAIN TUMOR.</u>					193x	
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? _____			
22. I hereby certify that I attended the deceased from <u>1-29</u> , 19 <u>56</u> , to <u>2/2</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2/2</u> , 19 <u>56</u> , and that death occurred at <u>2 A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John C. Mastz MD</u> (Degree or title)			23b. ADDRESS <u>204 A N. CLAY AVE</u>			23c. DATE SIGNED <u>7/3/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Feb. 4, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2-4-56</u>		REGISTRAR'S SIGNATURE <u>Hubert B. Lombard</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Meyer-Pfitzinger, Kirkwood, Mo.</u>			

87 (Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

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 *William H. Payne*.....
Licensed Embalmer No. *4312*

P. O. Address *Kelleyville, Tenn.*

**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.**