

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 6 1956

28064
STATE FILE NUMBER
318 Primary Registration District No. 1003 Registrar's No. 7571

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7571

| | | | | | |
|---|----------------------------------|---|---|---|---|
| 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, give TOWNSHIP only) OR TOWN St. Louis, Missouri | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL | | | Length of stay in lb | | d. STREET (If outside, give location) ADDRESS 5347 St. Louis Ave. |
| 3. NAME OF DECEASED (Type or print) First Ralph Middle Lincoln Last Anderson | | | 4. DATE OF DEATH Month August Day 11 Year 1956 | | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Feb. 27, 1925 | 9. AGE (In years last birthday) 31 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bell Hop | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Neelyville Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13. FATHER'S NAME Henry Anderson | | | 14. MOTHER'S MAIDEN NAME Emma Haynes | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes. Marine (Disc-6-1946) | | 16. SOCIAL SECURITY NO. 499206251 | 17. INFORMANT Dorothy Anderson (Wife) 5347 St. Louis Ave | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute Glomerulonephritis DUE TO (c) | | | | | INTERVAL BETWEEN ONSET AND DEATH Sev. Hrs. 5 wks. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE |
| 21. I attended the deceased from August 10, 1956 and last saw her Aug. 11, 1956 and last saw him Aug. 11, 1956 alive on Aug. 11, 1956 Death occurred at 8:10 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE C. E. Vermillion M.D. | | | 22b. ADDRESS BARNES HOSPITAL | | 22c. DATE SIGNED 8/11/56 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 8-15-56 | 23c. NAME OF CEMETERY OR CREMATORY | | 23d. LOCATION (City, town, or county) Neelyville, Mo. | |
| 24. FUNERAL DIRECTOR Cunningham & Moore | | ADDRESS 2405 Marcus | | 25. DATE RECD. BY LOCAL REG. AUG 15 1956 | 26. REGISTRAR'S SIGNATURE J. Earl Smith M.D. |

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.....
Licensed Embalmer No.....
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.