

No. 300  
10. 42

FILED FEB 6 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3261

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 57

1. PLACE OF DEATH  
a. COUNTY St. Louis  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Mo. b. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ~~St. Louis~~ Bonhomme Twsp. 10 Years  
c. LENGTH OF STAY (in this place) OR TOWN Rural Bonhomme Twsp. 400 c.  
d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Sulphur Springs Rd.  
e. STREET ADDRESS (If rural, give location) Sulphur Springs Rd.

3a. NAME OF DECEASED (Type or Print) MAUDIE  
b. (First) LEE. c. (Last) ANDERSON  
4. DATE OF DEATH (Month) (Day) (Year) Jan 8 1957

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married  
8. DATE OF BIRTH Mar 22, 1905 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 51 9 16

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework  
10b. KIND OF BUSINESS OR INDUSTRY own home  
11. BIRTHPLACE (City and State or Foreign Country) Dickson, Mo.  
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas A. Hutchinson  
13b. MOTHER'S MAIDEN NAME Birdie Eades  
14. NAME OF HUSBAND OR WIFE Wm. Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no  
16. SOCIAL SECURITY NO. none  
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Billie Anderson Ballwin Missouri

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral Hemorrhage  
INTERVAL BETWEEN ONSET AND DEATH 1 day  
\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sexualized Intoxication 2 yrs  
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? 2 YES  NO

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) 331x \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) \_\_\_\_\_  
21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 1-4-1957, to 1-8-1957, that I last saw the deceased alive on 1-7-1956, and that death occurred at 4 2 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) \_\_\_\_\_  
23b. ADDRESS Ridgwood 22, Mo.  
23c. DATE SIGNED 1/8/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal  
24b. BATE 1-80-57  
24c. NAME OF CEMETERY OR CREMATORY Dicksons Cem. Dicksons, Missouri  
24d. LOCATION (City, town, or county) (State) \_\_\_\_\_

DATE REC'D BY LOCAL REG. 1-8-57  
REGISTRAR'S SIGNATURE Herbert K. Somke, M.D.  
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schrader Funeral Home Ballwin, Mo.

(Licensed Embalmer, Embalmer or Reverse Side)

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

FEB 6 1957

**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 *Richard M. Bopp*.....

Licensed Embalmer No. *4584*

P. O. Address *Baldwin, Mo.*

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.