

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
No reference from police. but loop says benign.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9842

FILED MAR 18 1957

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1528**

STATE FILE NUMBER

| | | | | | |
|--|-------------------------------|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Collinsville <i>8120 S</i> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge | | Length of stay in lb 3 days | | d. STREET ADDRESS 10 White Lilly dr. (If outside, give location) | |
| 3. NAME OF DECEASED (Type or print) BENJAMIN First T. Middle ANDERSON Last | | 4. DATE OF DEATH 2-13-57 Month 2 Day 13 Year 57 | | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 1-1-1902 | 9. AGE (In years last birthday) 55 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mechanic | | 10b. KIND OF BUSINESS OR INDUSTRY auto | | 11. BIRTHPLACE (City and state or country) Jewett, Illinois | |
| 13. FATHER'S NAME Benjamin T. Anderson Sr. | | | 14. MOTHER'S MAIDEN NAME Minnie Ebbert | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. 329-10-0267 | | 17. INFORMANT Address Ben Anderson Jr. Collinsville, Ill. | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain Tumor Suspect | | | | | INTERVAL BETWEEN ONSET AND DEATH 1-5-57 |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (d) | | | | | 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.) 223 X | | | |
| 20c. TIME OF INJURY Hour _____ 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 1-10-57 to 2-13-57 and last saw her alive on 2-13-57 Death occurred at 8:45 a. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) Frank A. Palazzoni | | 22b. ADDRESS 4161 Linden | | 22c. DATE SIGNED 2-14-57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE 2-14-57 | | 23c. NAME OF CEMETERY OR CREMATORY Collinsville, Ill. | |
| 24. FUNERAL DIRECTOR Roman-Schroepel, Collinsville Ill. | | 25. DATE RECD. BY LOCAL REG. FEB 14 '57 | | 26. REGISTRAR'S SIGNATURE Carl Smith mo | |

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 *No Embalmed*
Licensed Embalmer No.

P. O. Address

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.