

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26753

State File No.

FILED JUL 25 1957

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 560 Registrar's No. 1623

1. PLACE OF DEATH a. COUNTY <u>Lamay (St. Louis County,)</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u> </u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamay Clayton</u>		c. LENGTH OF STAY (in this place) <u>6 mos. DCA</u>		c. CITY OR TOWN <u>St. Louis</u> <u>3801 Eiler</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>County Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>2570 3801 Eiler</u>			
3. NAME OF DECEASED (Type or Print) <u>Henry W. Anfield</u>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>June 24, 1957</u>				4. DATE OF DEATH (Month) (Day) (Year)			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. <u>single</u>		8. DATE OF BIRTH <u>unk.</u>	
9. AGE (In years last birthday) <u>unk.</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Partner Guidicy Marble Co.</u>				10b. KIND OF BUSINESS OR INDUSTRY <u> </u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>William Anfield</u>			13b. MOTHER'S MAIDEN NAME <u>Unk</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. (If yes, give war or dates of service) <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ray Guidicy 6167 Louisiana, City</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Insufficiency</u> INTERVAL BETWEEN ONSET AND DEATH <u>18 wks.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial infarct. Old</u> DUE TO (c) <u>Hypertensive Heart Disease</u> 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 <u>None.</u>				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>4201</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>4/10/57</u> , to <u>July 24, 1957</u> , that I last saw the deceased alive on <u>July 24, 1957</u> , and that death occurred at <u>2:25 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. R. H. Wood, M.D.</u>				23b. ADDRESS <u>1004 P. Shavel Ave</u>		23c. DATE SIGNED <u>6/25/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Jun. 27, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unk.</u>		24d. LOCATION (City, town, or county) (State) <u>Evansville, Indiana</u>	
DATE REC'D BY LOCAL REG. <u>6-26-57</u>		REGISTRAR'S SIGNATURE <u>Herbert B. Donkhd</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Southern Funeral Home 6322 S. Grand Blvd., St. Louis, Mo</u>			

DR. Lutz H Bock
1504 S

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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.....
David Van Foss

Licensed Embalmer No. 429

P. O. Address St. Louis

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.