

Health,
Welfare
Public
Service

300
1-56

Use only black ink or ribbon typewrite if possible. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33167
STATE FILE NUMBER 7796
Registrar's No.

FILED SEP 24 1957

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. 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 St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 25 4115 Itaska St.		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE Last KENNETH V. ANDERSON			4. DATE OF DEATH Month Day Year Aug. 18 1957				
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 June 18, 1919		9. AGE (In years last birthday) 38	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police Officer-City of St. Louis			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John McGuire Anderson				14. MOTHER'S MAIDEN NAME Mary Sullivan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War 2		16. SOCIAL SECURITY NO.		17. INFORMANT Address (Wife) LaVerne Anderson 4115 Itaska St.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed Chest with Lacerations of Superior Vena Cava; Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) Shuffled in collision between car and pole operated by one Paul Sova. DUE TO (c) at the center school of St. Louis and St. Louis, about 11:30 p.m. August 17, 1957.							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" 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.) August 17, 1957.				
20c. TIME OF INJURY 11:30 p.m. 8 17 57			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, church, office, etc.) 16 Street				20e. CITY, TOWN, OR LOCATION St. Louis Mo
20f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20g. COUNTY St. Louis Mo				
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 1255A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Patrick C. Taylor Coroner			22b. ADDRESS 1300 Clark			22c. DATE SIGNED 8-20-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug. 21, 1957	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway			25. DATE RECD. BY LOCAL REG. AUG 20 '57		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.P.		

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *William C. White*.....

Licensed Embalmer No. *7*

P. O. Address *228 Albany*

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.