

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-011288  
State File No. ....  
3548  
Registrar's No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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, write RURAL and give township) OR TOWN St. Louis, Mo.

c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4950 Northland Place

STREET ADDRESS (If rural, give location) 4950 Northland Place

3. NAME OF DECEASED  
a. (First) William b. (Middle) \_\_\_\_\_ c. (Last) Anderson

4. DATE OF DEATH (Month) (Day) (Year) March 26, 1958

5. SEX Male 6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Sept. 13, 1893

9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Sta. Operator

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (City and State or Foreign Country) Cardova, Tennessee

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Matt Anderson

13b. MOTHER'S MAIDEN NAME Isabelle Wilborn

14. NAME OF HUSBAND OR WIFE Ardell Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. # 1

16. SOCIAL SECURITY NO. 496-36-2989

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ardell Anderson 4950 Northland

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary Heart Dis.  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. 420.1

INTERVAL BETWEEN ONSET AND DEATH 3 days

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) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_

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 2-26, 1958, 3-26, 1958, that I last saw the deceased alive on 3-26, 1958 and that death occurred at 3:30 p.m., 3-26, 1958, from the causes and on the date stated above.

23a. SIGNATURE James M. Whittier (Degree or title) J. M. D.

23b. ADDRESS 916 N. Taylor

23c. DATE SIGNED 3-27-58

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 3/31/58

24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. MAR 28 '58

REGISTRAR'S SIGNATURE Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS G. Wade Granberry 4202 Finney Ave.

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

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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 *Edward A. Flynn*.....

Licensed Embalmer No. 4444.....

P. O. Address. 4202 Finney.....

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.