

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023079
STATE FILE NUMBER

FILED JUL 1 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6107

S. 300
ev. 1-57

3

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital		Length of stay in 1b DOA	d. STREET ADDRESS (If outside, give location) 902 N. Kingshighway		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First RUTH Middle NMI Last ANDERSON			4. DATE OF DEATH Month June Day 13 Year 1958		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-24-1918		9. AGE (In years last birthday) 39
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Typist		10b. KIND OF BUSINESS OR INDUSTRY Electrical	11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Lucien B. Wood		13b. MOTHER'S MAIDEN NAME Louise Huckshold		14. NAME OF HUSBAND OR WIFE Rowland Anderson	
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.		17. INFORMANT Lucien B. Wood, 6717 Schofield, Pagedale	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Internal Hemorrhage following gunshot wound of the back; Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Gunshot wound of the back DUE TO (c) Gunshot wound of the back					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not reported as the terminal cause of death, given in PART II of this certificate. Spurred on by hands of one Roland Anderson in Washington Ave., about 1:45 p.m.					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter name of person in PART I of this certificate.) Gunshot wound of the back			
20c. TIME OF INJURY 1:45 p.m. - 6 1358		20d. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) Office			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION St. Louis Mo		COUNTY	STATE
21. I attended the deceased from 200 pp and last saw her alive on _____ on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Roger J. [Signature]			22b. ADDRESS 1300 Clara		22c. DATE SIGNED 6/16/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-16-1958	23c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery		23d. LOCATION (City, town, or county) St. Louis Co., Mo.
24. FUNERAL DIRECTOR JAY B. SMITH, Maplewood, Mo.			25. DATE RECD. BY LOCAL REG. JUN 16 '58		26. REGISTRAR'S SIGNATURE [Signature]

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 *Herbert J. Lee Jr.*

Licensed Embalmer No. *4800*

P. O. Address *Richmond 22, Va*

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.