

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024115
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1556

FILED JUN 16 1958

S. 300
1-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Crestwood (19)		c. CITY OR TOWN Crestwood (19)	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 918 E. Big Bend		d. STREET ADDRESS (If outside, give location) 918 E. Big Bend	
Length of stay in 1b 20 Yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last MR. CHARLES CHESLEY ANDERSON			4. DATE OF DEATH Month Day Year June 8, 1958		
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 Feb. 1, 1899	9. AGE (In years last birthday) 59	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) Manufacturer's Agent		10b. KIND OF BUSINESS OR INDUSTRY Cutino Co.		11. BIRTHPLACE (City and state or country) Danville, Virginia	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Chesley Samuel Anderson		13b. MOTHER'S MAIDEN NAME Ida Hill	
14. NAME OF HUSBAND OR WIFE Nell H. Anderson		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give No or dates of service) Yes WW #1		16. SOCIAL SECURITY NO. 349-03-9003	
17. INFORMANT Mrs. Nell H. Anderson		Address 918 E. Big Bend			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Atherosclerotic Heart Disease			
DUE TO (c) 4200			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			

20d. INJURY OCCURRED WHILE AT <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 St. Louis	COUNTY St. Louis Co.	STATE Mo.
21. I attended the deceased from 10-12-50 to 6-8-58 and last saw ^{him} her alive on 6-6-58 Death occurred at 10 30 A m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE Paul Chesley MD		22b. ADDRESS 508 N Grand		22c. DATE SIGNED 6-9-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/11/1958	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
24. FUNERAL DIRECTOR Alexander & Sons, 6175 Delmar Bl.		25. DATE RECD. BY LOCAL REG. 6-10-58	26. REGISTRAR'S SIGNATURE Herbert B. Romberg

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

MEDICAL CERTIFICATION

87.

Dr. Paul Murphy

508 N. Grand

OL 2, 7360

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 *Gas E. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *6175 Palma*

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.