

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026713
State File No.

FILED AUG 1 1958

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6989**

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| 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, write RURAL and give township) OR TOWN St. Louis | c. LENGTH OF STAY (in this place) 3 mo. | c. CITY OR TOWN St. Louis | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 26 St. Louis Chronic Hosp. | | e. STREET ADDRESS (If rural, give location) 1225 N. 15th | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Hannah b. (Middle) Anderson c. (Last) Anderson | | 4. DATE OF DEATH (Month) (Day) (Year) 7-11-58 | |
| 5. SEX female | 6. COLOR OR RACE col. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow 2 | 8. DATE OF BIRTH Nov. 29 1883 |
| 9. AGE (in years last birthday) 74 | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (City and State or Foreign Country) Mo. |
| 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | 13. NAME OF HUSBAND OR WIFE unk. | |

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| 13a. FATHER'S NAME unk. | 13b. MOTHER'S MAIDEN NAME Mariah ? | 14. NAME OF HUSBAND OR WIFE unk. |
| 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. Unknown | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lucelle Elders 1534 Carr |

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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Banchogenic C.A. of Left Lung | | 13 mo. |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 162-1 | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paget's Disease of Innominate Bone | | 5 mo. | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? 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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 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 **7-58**, 19___, to **7-11-58**, 19___, that I last saw the deceased alive on **7-11-58**, 19___, and that death occurred at **2:30p m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) John W. Beckham, M.D. | 23b. ADDRESS 5800 Arsenal St. | 23c. DATE SIGNED 7/12/58 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) removal | 24b. DATE 7-17-58 | 24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery |
| 24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. | | |

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| DATE REC'D BY LOCAL REG. Jul 14 58 | REGISTRAR'S SIGNATURE Rosal Smith | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. B. Koone 1221 N. Grand |
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Melvin Blackburn*
Licensed Embalmer No. *396*
P. O. Address *1221 N. ...*

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.