

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002678

STATE FILE NUMBER

Registration District No. 2 Primary Registration District No. 437

300

-57
19

3M

FEB 11 1959

1. PLACE OF DEATH
a. COUNTY _____

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 St. Louis Inside Limits Yes No

c. CITY OR TOWN Maplewood 4004 Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Baptist Hosp. Length of stay in lb 3 weeks

d. STREET ADDRESS (If outside, give location) 7301 Bruno Ave. Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
SHELBY C. ANDERSON

4. DATE OF DEATH Month Day Year
Jan. 10, 1959

5. SEX M 6. COLOR OR RACE W 7. MARRIED NEVER MARRIED WIDOWED DIVORCED

8. DATE OF BIRTH 3-31-1893 9. AGE (In years last birthday) 65 10. FUNDER 1 YEAR Months Days 11. IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner-Operator 10b. KIND OF BUSINESS OR INDUSTRY Express 11. BIRTHPLACE (City and state or country) Stewartson, Ill. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Andrew Anderson 13b. MOTHER'S MAIDEN NAME Isabelle Unknown 14. NAME OF HUSBAND OR WIFE Florence Kohler 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. 492-10-6679 17. INFORMANT Florence Anderson, Address above

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) acute and chronic myocardial infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary sclerosis 420.1
DUE TO (c) atherosclerosis, sigmoid & gall stones
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) _____

INTERVAL BETWEEN ONSET AND DEATH 2 weeks
12 month

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 1956 to Jan. 10, 1959 and last saw living alive on Jan 10, 1959
Death occurred at Jan 10, 1959 on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title) Dominiq Verdo MDc 22b. ADDRESS 4500 Olive 22c. DATE SIGNED 1-12-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 1-13-59 23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery 23d. LOCATION (City, town, or country) (State) St. Louis Co., Mo.

24. FUNERAL DIRECTOR ADDRESS JAY B. SMITH, Maplewood, Mo. 25. DATE RECD. BY LOCAL REG. JAN 14 '59 26. REGISTRAR'S SIGNATURE J. Earl Smith, MD
M. J. B.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *J. Allen Lewis Jr.*
Licensed Embalmer No. *4953*
P. O. Address *St. L.*

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.