

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002680

STATE FILE NUMBER

FILED JAN 28 1959

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

301

300

1-57

33

92

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"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Inf.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 4240 Enright Avenue		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Zilphia Edna Anderson			4. DATE OF DEATH Month Day Year 1-8-59		
5. SEX Female	6. COLOR OR RACE 3 Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> 0 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 26, 1918	9. AGE (In years) at birthday 40	IF UNDER 1 YEAR Months Days 141.9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10b. KIND OF BUSINESS OR INDUSTRY Public School	11. BIRTHPLACE (City and state or country) Jackson, Tenn.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John E. Anderson, Sr.		13b. MOTHER'S MAIDEN NAME Blanche Atwood		14. NAME OF HUSBAND OR WIFE None	
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 Address J. E. Anderson 4240 Enright Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Exsanguination					INTERVAL BETWEEN ONSET AND DEATH 18 Months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of the Tongue					
DUE TO (c) 141.9					
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 type="checkbox"/> NO <input checked="" 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 WORK <input type="checkbox"/> 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 COUNTY STATE	
21. I attended the deceased from October, 1958 to January, 1959 and last saw her/him alive on January 8, 1959 Death occurred at 10:20 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>John H. Stoddy, Jr.</i> (Degree or title)			22b. ADDRESS 4903a Easton Ave. St. Louis, Mo		22c. DATE SIGNED 1-9-59
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 1-12-59	23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
24. FUNERAL DIRECTOR Russell Und., Co.		ADDRESS 2732 Pine Street		25. DATE RECD. BY LOCAL REG. JAN 10 '59	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i> M.D.

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 *James A. Carter*

Licensed Embalmer No. *4677*

P. O. Address *St. Louis*

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.