

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007832

STATE FILE NUMBER

FILED MAR 9 1959

Registration District No.

317

Primary Registration District No.

541

Registrar's No.

598

300
-57

1. PLACE OF DEATH a. COUNTY <i>St Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Clayton</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Maryland Heights</i> 4250
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL <i>St Louis Co Hospital</i> INSTITUTION		Length of stay in 1b <i>1 da.</i>	d. STREET ADDRESS (If outside, give location) <i>219 Shumate</i>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>Grace</i> Middle Last <i>Anderson</i>			4. DATE OF DEATH Month <i>3</i> Day <i>3</i> Year <i>1959</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>12-14-1891</i>	
9. AGE (In years last birthday) <i>67</i>		F 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) <i>Shumate</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>at home</i>		11. BIRTHPLACE (City and state or country) <i>Brunswick Illinois</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>				

13a. FATHER'S NAME <i>William Woodward</i>		13b. MOTHER'S MAIDEN NAME <i>Sarah Brink</i>		14. NAME OF HUSBAND OR WIFE <i>W.C. Anderson</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>W.C. Anderson</i> Address <i>219 Shumate</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Infarction</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3/3/59</i> <i>3/3/59</i>
DUE TO (b) <i>Coronary arteriosclerotic thrombosis.</i>			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Hypertensive Cardiovascular Disease. 4201</i>			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 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 <i>2/2/59</i> p. to <i>3/3/59</i> and last saw her alive on <i>3/3/59</i> . Death occurred at _____ m of the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE <i>Angelo A. Spens M.D.</i> (Degree or title)		22b. ADDRESS <i>60150 Brentwood Clayton Mo</i>		22c. DATE SIGNED <i>3/4/59</i>	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>3-6-59</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Mount Lebanon</i>	
23d. LOCATION (City, town, or county) (State) <i>St Louis Missouri</i>					

24. FUNERAL DIRECTOR <i>Earl Hilleman Ireland 14200</i> ADDRESS		25. DATE RECD. BY LOCAL REG. <i>3-5-59</i>		26. REGISTRAR'S SIGNATURE <i>John C. Murphy M.D.</i>	
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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 *Earl J. Williams*

Licensed Embalmer No. *3501*
P. O. Address *Orlando 14 9*

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.