

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026359

FILED VS JUL 24 1959

Registration District No. _____

Registrar's No. **2 6589**

STATE FILE NUMBER

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		Length of stay in 1b	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer Phillips Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 926a Benton		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Walker Gardner Anderson			4. DATE OF DEATH Month Day Year July 12, 1959		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 10/12/1919	9. AGE (last birthday) 39	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Freight handler		10b. KIND OF BUSINESS OR INDUSTRY Trucking Co.	11. BIRTHPLACE (City and state or country) Mississippi	12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME C.M. Anderson		13b. MOTHER'S MAIDEN NAME Ozella Malone		14. NAME OF HUSBAND OR WIFE Unavailable	
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 Address C.M. Anderson, Rt. 3 - Tupelo, Miss.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of Abdomen and Right Femoral Area DUE TO (b) _____ DUE TO (c) 981x Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in Part I. Wounded when shot with shotgun in back of neck				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. TIME OF INJURY Hour a.m. 2:23 a.m. Month, Day, Year July 12, 1959	20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20c. CITY, TOWN, OR LOCATION St. Louis Mo	20d. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) Shot in back of neck of Home, about July 12th 1959, at 1115a Montgomery Street.	20e. COUNTY STATE
21. I attended the deceased from _____ and last saw him alive on _____ Death occurred at 600 P. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Paul Simon		22b. ADDRESS 1300 Clark	22c. DATE SIGNED 7/13/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-13-59	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) Tupelo, Miss.	23e. STATE	
24. FUNERAL DIRECTOR Albert H. Hoppe, Inc., 4700 Washington Blvd.		25. DATE RECD. BY LOCAL REG. JUL 13 59	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

822 02

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed JAM Binkley

Licensed Embalmer No. 3643

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.