

# FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

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FILED VS JAN - 4 1960

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 3477 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richmond Hgts</b>		c. CITY OR TOWN <b>Overland</b>	
Length of stay in 1b <b>3 wks</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Marys Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>2345 Burns</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Henry</b> Middle <b>C.</b> Last <b>Anderson</b>			4. DATE OF DEATH Month <b>Dec.</b> Day <b>26</b> Year <b>1959</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/18/1882</b>	9. AGE (last birthday) <b>77</b>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>		11. BIRTHPLACE (City and state of country) <b>St. Charles, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>George Anderson</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Druesselhaus</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Anderson</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>499-01-6472</b>		17. INFORMANT Address <b>Mary Anderson 2345 Burns Overland, Mo.</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <b>one month</b>
IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage -</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertension - Cardio Vasculer disease</b> DUE TO (c) <b>Pneumonia - Bronchopneumonia</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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. 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 WORK <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 <b>11/26</b> to <b>12/26/59</b> and last saw <sup>her</sup> him alive on <b>12/26/59</b> . Death occurred at <b>7:25P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <b>John P. Ferrara M.D.</b>		22b. ADDRESS <b>7307 Natural Bridge</b>		22c. DATE SIGNED (State). <b>12/28/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12/29/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt Lebanon Cemetery</b>	23d. LOCATION (City, town, or county) <b>Bridgeton Mo</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Ortmann F Home 9222 Lackland Overland Mo</b>		25. DATE RECD. BY LOCAL REG. <b>12-28-59</b>	26. REGISTRAR'S SIGNATURE <b>John B. McHugh M.D.</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Sam Stepanov Student Embalmer No. 578

working under my personal supervision.

Student Sam Stepanov  
Signature of Student Embalmer

Signed Al C. Outman

Licensed Embalmer No. 3478

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.