

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-009159

FILED VS MAR 3 1960 317

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 502 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY ST LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY ST LOUIS					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON		Length of stay in 1b 3 DAYS		c. CITY OR TOWN MARLBORO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION COUNTY HOSPITAL			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 7905 WATSON RD		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Edward PAUL Anderlan				4. DATE OF DEATH Month Day Year 2-11-1960					
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-3-73	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STEAM FITTER			10b. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (City and state or country) ST LOUIS, MO		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME EMMANUEL ANDERLAN			13b. MOTHER'S MAIDEN NAME KATHERINE GUTH			14. NAME OF HUSBAND OR WIFE EMILY ANDERLAN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 492-07-1772		17. INFORMANT JOHN ANDERLAN 5001 OLEATHA				Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary infarcts - Bilateral DUE TO (b) Generalized arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)							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 (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 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 a.m. p.m. Month, Day, Year									
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 2-8-1960 to 2-11-1960 and last saw her alive on 2-11-1960 Death occurred at 2-11-1960 5:30p on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Morris Gordon M.D.				22b. ADDRESS 601 S. Brentwood, Clayton, Mo.		22c. DATE SIGNED 2-12-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2-15-60	23c. NAME OF CEMETERY OR CREMATORY PARK LAWN		23d. LOCATION (City, town, or county) ST LOUIS Co., MO		(State)			
24. FUNERAL DIRECTOR HOFFMEISTER			ADDRESS 6464 CHIPPEWA		25. DATE RECD. BY LOCAL REG. 2-15-60	26. REGISTRAR'S SIGNATURE J. M. Murphy			

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed *Don C. Brown*

Licensed Embalmer No. 4769

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.