

ISSUANCE DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**=61-011839**

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 887

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

FILED APR 10 1961

1. PLACE OF DEATH  
a. COUNTY St. Louis  
b. CITY (If outside corporate limits, give TOWNSHIP only) Manchester Length of stay in 1b 1 month  
c. FULL NAME OF (If NOT in hospital, give location) Manchester Nursing Home Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo COUNTY St. Louis  
c. CITY OR TOWN Richmond Heights Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 1111 S McKnight Rd Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Iva Middle nmi Last Anderson 4. DATE OF DEATH March 30, 1961 Month March Day 30 Year 1961

5. SEX F 6. COLOR OR RACE W 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH May 18, 1866 9. AGE (last birthday) 94 yrs IF UNDER 1 YEAR IF UNDER 24 HR  
Months 0 Days 0 Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and state or country) Mechanicsburg, Ohio 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Edward Shepherd 13b. MOTHER'S MAIDEN NAME Lucy Williams 14. NAME OF HUSBAND OR WIFE Edward Th. Anderson

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. None 17. INFORMANT Mrs. A. L. Petersen 1111 S McKnight Rd.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 3 hours  
DUE TO (b) Hypertension Do not know  
DUE TO (c) Arterio-sclerosis " "

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Heart block, Myocardial Infarction PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour 7:55 p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 Feb. 28, '61 to March 28, '61 and last saw him alive on March 28, '61  
Death occurred at 7:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ralph W. Zaffey, R.O. 22b. ADDRESS Box 122, Manchester, Mo. 22c. DATE SIGNED 3-31-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE March 31, 1961 23c. NAME OF CEMETERY OR CREMATORY Oak Wood Cemetery 23d. LOCATION (City, town, or county) (State) Mount Vernon, Ill

24. FUNERAL DIRECTOR Alexander & Sons ADDRESS 6175 Delmar 25. DATE RECD. BY LOCAL REG. 3-31-61 26. REGISTRAR'S SIGNATURE [Signature]

**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 J Allen Davis Jr.

Licensed Embalmer No. 4053

P. O. Address S.A. J.

March 30, 1961

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.