

MISSOURI DIVISION OF PUBLIC HEALTH AND WELFARE
 DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-022262

AMENDED **FILED JUN 28 1961** Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5703** 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 Years	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bernard Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4385 Maryland
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Currie Middle Martin Last Anderson			4. DATE OF DEATH Month June Day 18 Year 1961			
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-24-1877	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours	IF UNDER 24 HR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Lexington, Kentucky	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Thomas L. Martin	13b. MOTHER'S MAIDEN NAME Martha McChesney	14. NAME OF HUSBAND OR WIFE Felix Anderson
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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 Malcolm Martin, 4910 W. Pine, St. Louis
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) lobar pneumonia, R.		INTERVAL BETWEEN ONSET AND DEATH 1 wk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DOE TO (b) Hypertensive cardio-renal vas. disease.	20 yrs.
	DOE TO (c) Segmental arteriosclerosis.	20 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 490X		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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 Lexington, Kentucky	COUNTY	STATE
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21. I attended the deceased from **1932** to **present** and last saw her alive on **June 16, 1961**
 Death occurred at **57** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature]	(Degree or title) M.D.	22b. ADDRESS 5427 Delmar	22c. DATE SIGNED 6-19-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE June 20, 1961	23c. NAME OF CEMETERY OR CREMATORY Local - Lexington, Ky	23d. LOCATION (City, town, or county) (State) Lexington, Kentucky
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24. FUNERAL DIRECTOR C. R. Lupton & Sons, St. Louis, Mo.	25. DATE RECD. BY LOCAL REG. JUN 19 1961	26. REGISTRAR'S SIGNATURE [Signature]
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DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

Audubon

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 Clarence A. Murray

Licensed Embalmer No. 4011

P. O. Address Louis Me

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.