

318

1003

9230

STATE FILE NUMBER

AMENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

FILED OCT 26 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri 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
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1319 North 2nd St.

3. NAME OF DECEASED (Type or print) First Margaret Middle Last Anderson			4. DATE OF DEATH Month Oct. Day 5 Year 1961		
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5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/12/1899	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and state or country) Paragould, Ark.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME James M. Murphy	13b. MOTHER'S MAIDEN NAME Ella M. Vandyke	14. NAME OF HUSBAND OR WIFE Fred C. 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	17. INFORMANT F. C. Anderson Address 1319 No. 2nd, St
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18. CAUSE OF DEATH (Enter only one cause per line for (d), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture of hip		INTERVAL BETWEEN ONSET AND DEATH 3 weeks
DUE TO (b) Pulmonary embolus		
DUE TO (c) 9040-21		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis, generalized.	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 checked="" 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.) Fell at home
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20c. TIME OF INJURY 6:15 a.m. Sept 22 '61	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 99 Home	20f. CITY, TOWN, OR LOCATION St Louis	COUNTY Mo.	STATE
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21. I attended the deceased from Death occurred at 3:25 Am on the date stated above, and to the best of my knowledge, from the causes stated.	to 1936 , to 10.5.61 and last saw her alive on 10.4.61
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22a. SIGNATURE Chas. J. Oster D.	(Degree or title)	22b. ADDRESS 6000 W. Flourissant	22c. DATE SIGNED 10.5.61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Oct. 7/1961	23c. NAME OF CEMETERY OR CREMATORY Hirman Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.,
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24. FUNERAL DIRECTOR Leidner Und. Co. 2223 St. Louis Av.	ADDRESS	25. DATE RECD. BY LOCAL REG. OCT 6 1961	REGISTRAR'S SIGNATURE Keat Smith. M.D.
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Albert H. Sanford

Licensed Embalmer No. 3079

P. O. Address St. Louis, Mo.

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.