

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0041780

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10247**

STATE FILE NUMBER

NEW FILED 05 64

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
Rev. 4/59			
1			
2 20			
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4 1			
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12 60-0			
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60	SHOULD READ	BY AFFIDAVIT OF	

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY 1		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 FAITH HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 9123 CHURCH RD.
3. NAME OF DECEASED (Type or print) First MARY Middle R. Last ANDERSON		4. DATE OF DEATH Month OCT Day 30 Year 1964	
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 1-25-1876
9. AGE (last birthday) 88		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) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ST LOUIS MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME MICHAEL HOWARD	
13b. MOTHER'S MAIDEN NAME Bridget O'DAY		14. NAME OF HUSBAND OR WIFE THOMAS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. DON'T KNOW	17. INFORMANT Address HOWARD ANDERSON 9103 CHURCH RD.
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
IMMEDIATE CAUSE (a) Cardiac decompensation and pulmonary congestion			2 days
DUE TO (b) Arteriosclerotic cardiovascular disease			?
DUE TO (c) 4221F			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fractures of neck of left femur and left forearm			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
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 several days ago	
20c. TIME OF INJURY Hour pm Month, Day, Year 10/24/64	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.) home address		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 10/24/64 to present and last saw her/him alive on 10/29/64 Death occurred at 9 Am m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Sandhuay Mo. (Degree or title)		22b. ADDRESS 3400 N. Kingshighway, St. Louis	22c. DATE SIGNED 10/30/64
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11/2/64	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	23d. LOCATION (City, town, or county) (State) ST LOUIS MO.
24. FUNERAL DIRECTOR ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE		25. DATE RECD. BY LOCAL REG. OCT 30 1964	26. REGISTRAR'S SIGNATURE Loan Smith. M.D.

Gandlemeyer
3400 no Kings Highway
Hill 3³⁰ pm
Faith

regis (

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 M W Ruetes

Licensed Embalmer No. 48065

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: