

230 MAR 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4543
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Mo. Registration District No. 791
(b) Township Mo. Primary Registration District No. 1003 Registered No. 1236
(c) City St. Louis Mo. (d) Street No. Parklane Memorial Hosp. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 536 Richard A. Anderson St. WR Columbia Ill
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
46 8 1 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Construction Foreman
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Emma Anderson
Columbia Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE Branson Mo DATE 2-4-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Highhauser Mortuary
4228 S. High Highway

20. FILED FEB 8 1939 J. B. Brubaker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-4 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1927, to 2-4, 1939
I last saw him alive on 2-4, 1939. Death is said to have occurred on the date stated above, at 5:20 A.M.
The principal cause of death and related causes of importance were as follows:

Acute appendicitis
Perforated

Other contributory causes of importance: Peritonitis

Name of operation Appendectomy Date of June 25
What test confirmed diagnosis? Microscopic Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____ (Signed) J. B. Brubaker, M. D.
(Address) 4228 S. High Highway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1236

1236

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,

Edwin D. McDermott

or by

Registered Apprentice No. working under my personal supervision.

Signed *Edwin D. McDermott*

Licensed Embalmer No. *3024*

P. O. Address *4228 S. Kingshighway*

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 this body is not embalmed, above space should be left blank.