

Registration District No. 1005

Primary Registration District No. \_\_\_\_\_

Registrar's No. 8911

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days (Specify whether  
In this community Unknown years, months or days)

REC'D NOV 13 1939

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 915 N. 19th Street (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME

George Anderson

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 490-01-9650

4. Sex Male

5. Color or race Col.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gertrude Anderson

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased January 29  
(Month) (Day) (Year)

1900  
(Year)

8. AGE:

Years	Months	Days	If less than one day
<u>39</u>	<u>8</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation

Shipping Clerk

11. Industry or business

Goldberg Mo. Furniture A/c tion

12. Name George Anderson

13. Birthplace ? ? ?  
(City, town, or county) (State or foreign country)

14. Maiden name Amanda

15. Birthplace ? ? ?  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Viola Walker

(b) Address 907 N 19 St

17. (a) Burial (b) Date thereof 10/21/39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Metropolitan Funeral Home

(b) Address 3028 Dickson

19. (a) Oct 20 1939 (b) J. F. Braddock  
(City, town, or county) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 15  
year 1939 hour 4:35 minute \_\_\_\_\_ P. \_\_\_\_\_ M. \_\_\_\_\_

21. I hereby certify that I attended the deceased from 10-14- 1939 to 10-15- 1939;  
that I last saw him alive on 10-15- 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis About 1 year  
Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. Allen (M, D, or other) 10-17-39  
Address 2601 N. Whittier St. Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

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**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Birdie Pearl Anderson*

Licensed Embalmer No. *2929*

P. O. Address.....

**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.**