

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 17 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37631
Registration District No. 1003 Primary Registration District No. _____ Registrar's No. 9470

1. PLACE OF DEATH:
(a) County 2
(b) City or town St. Louis
(c) Name of hospital or institution:
2044a Adelaide Ave
(d) Length of stay: In hospital or institution _____
In this community Unknown (Specify whether years, months or days)

3. (a) PRINT FULL NAME Frances A. Anderson 5316
3. (b) If veteran, name war None 3. (c) Social Security No. None
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Peter Anderson 6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased November 21 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 11 13 hr. min.

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

10. Usual occupation _____
11. Industry or business _____
12. Name Henry Schroeder
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Louise Bersiecker
15. Birthplace Warrenton, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Peter Anderson
(b) Address 2044a Adelaide Ave
17. (a) Burial (b) Date thereof 11-7-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 E. Fair Ave.
NOV 6 1939 (Date received local registrar) (c) J. F. Budick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 1
(c) City or town St. Louis
(d) Street No. 2044a Adelaide ave. Birth. 9
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 11 day 4
year 1939 hour 4 minute _____ P. M.
21. I hereby certify that I attended the deceased from May 13,
1938 to Nov. 4, 1939
that I last saw her alive on Nov. 3, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency Duration 18 Mo.
Hypertension
Due to _____
Due to _____
Other conditions Hypertension
(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? No
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature N. Thopur (M. D. or other) _____
Address 8321 N. Broadway Date signed 11/6/1939

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 William G. Buchholz

Licensed Embalmer No. 2110

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