

15 1839  
 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.

Registration District No. **702** Primary Registration District No. **200**

1. PLACE OF DEATH:  
 (a) County **St. Louis.**  
 (b) City or town **Wellston, Mo.**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**6143a Wagner Ave.** **2**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community **45 Years.**  
 years, months or days

3. (a) PRINT FULL NAME **Ida J. Anderson. 536.**  
 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 **Married**  
 6. (b) Name of husband or wife **Peter Anderson.** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **October 15, 1882**  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>57</b>	<b>0</b>	<b>29</b>	hr. _____ min.

9. Birthplace **Missouri.** (City, town, or county) (State or foreign country) **0**

10. Usual occupation **At Home.** **0**

11. Industry or business **0**

MOTHER FATHER { 12. Name **Frank Muegge.**

13. Birthplace **Mo.** (City, town, or county) (State or foreign country) **0**

14. Maiden name **Emma Schutte.** (City, town, or county) (State or foreign country) **0**

15. Birthplace **Mo.** (City, town, or county) (State or foreign country) **0**

16. (a) Informant's own signature **Rowland Anderson**  
 (b) Address **5014 Newport Ave.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **11-17-39**  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Arthur J. Donnelly**  
 (b) Address **3840 Lindell Blvd.**

19. (a) **NOV 15 1939** (Date received local registrar) (b) **D.R. Meyer M.D.** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Mo. 1** (b) County **St. Louis**  
 (c) City or town **Wellston, Mo.**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **6143a Wagner Ave.**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **14th.**  
 year **1939** hour **11.** minute **30 A. M.**

21. I hereby certify that I attended the deceased from **March 15th 1939** to **Nov. 14th 1939**  
 that I last saw her alive on **Nov. 11th** 19**39**  
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<b>Acute Regurgitation</b>	<b>10 1/2 hr</b>
Due to <b>Fevers treated for several years.</b>	<b>9</b>
Due to _____	_____

Other conditions **None 34**  
 (Include pregnancy within 3 months of death)

Major findings: **No operations**

Of autopsy **No.**

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? \_\_\_\_\_

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

23. Signature **Joseph Davis** (M. D. or other) **MD**  
 Address **3137 N. 94th St** Date signed **11-14-39**

*Certifying 1944*

**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 *Stanley Marshall*

Licensed Embalmer No. *2868*

P. O. Address *3840 Lindell Bl*

**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.**