

MAR 7 1940
 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
 MAR 7 1940

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 8177
 Registrar's No. 435

Registration District No. 784 Primary Registration District No. 111

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Reeb St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Mary's
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Hospital
 (Specify whether in this community years, months or days) Five days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Illinois (b) County St. Clair
 (c) City or town East St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1817 Weimam Ave
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Edward Bert Anderson 526
 (b) If veteran, name war none
 (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day first
 year 1940 hour 12 minute 50 A. M.

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Jane Houston
 6. (c) Age of husband or wife if alive 53 years
 7. Birth date of deceased Nov. 17, 1883
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 16, 1939
 to March 1, 1940
 that I last saw him alive on Feb. 29 about 4:00 PM, 1940
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
56 3 14 hr. _____ min.

Immediate cause of death
Hypertensive C-V-R disease
Tubercular meningitis + myocardial
 Due to failure
 Duration Uncertain
about 5 days

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

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death)

 Major findings:
 Of operations _____
 Of autopsy _____

10. Usual occupation Soda Manufacturer
 11. Industry or business _____
 MOTHER FATHER {
 12. Name George Anderson
 18. Birthplace Ohio
 (City, town, or county) (State or foreign country)
 14. Maiden name Annie Karwin
 15. Birthplace Canada
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Chas. T. Burke
 (b) Address East St. Louis, Ill
 17. (a) East St. Louis (b) Date thereof March 1, 1940
 (Burial, cremation, or removal) Ill (Month) (Day) (Year)
 (c) Place: burial or cremation See Dr. Burke
 18. (a) Signature of funeral director Chas. T. Burke
 (b) Address East St. Louis, Ill
 19. (a) MAR - 1 1940 (b) R. R. May, M.D.
 (Date received local registrar) (Registrar's signature)

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 Melvin J. Huber (M. D. or other) _____
 Address Mo. Theater Bldg. St. Louis Date signed Mar 1,

M HUBER

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.....

Charles Burke....., Registered Apprentice No.....

working under my personal supervision.

Signed Chas Burke.....

Licensed Embalmer No. 2421.....

P. O. Address East St. Louis Ill......

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.