

Registration District No. **7911**

Primary Registration District No. **1003**

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

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:
1956 Withnell St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Walter Anderson *536*

8. (b) If veteran, name war no 8. (c) Social Security No. 488-09-5883

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Anna Anderson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 11, 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 8 18 hr. _____ min.

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

10. Usual occupation Beer Bottler

11. Industry or business Brewery

MOTHER FATHER { 12. Name Albert Anderson
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Scanell
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Irvin Anderson
(b) Address 1956 Withnell St.

17. (a) Burial (b) Date thereof 6/1/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation S.S. Peter and Paul Ch.

18. (a) Signature of funeral director Weick Bros. Und. Co.
(b) Address 2201 S. Grand Bl.

19. (a) MAY 31 1940 (b) J. F. Brubaker
(Date of death) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis *24*
(If outside city or town limits, write "RURAL")
(d) Street No. 1956 Withnell St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1940 hour 2 minute 18 A. M.

21. I hereby certify that I attended the deceased from Jan 31 to May 29, 1940
that I last saw him alive on May 28, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chlorosis of the liver
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____
Of autopsy _____

Duration
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) (a) Means of injury _____
23. Signature W. W. Wagenaar (M. D. or other) _____
Address 4738 Drayton Date signed 5/31/40

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.....

Licensed Embalmer No..... **3722**

P. O. Address..... **412 Duchouquette St.**

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.