

13-40
7-39
K2315

JAN 8 1941

Registration District No. 78K

Primary Registration District No. 101

Registrar's No. 2484

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 hours
In this community 2 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. 8608 Brinker Road (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Mary Ludena Anderson

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 8, 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Alders

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

14. Maiden name Laws

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

16. (a) Informant W. H. Kagas

(b) Address 8608 Brinker Road

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/40 (Month) (Day) (Year)

(c) Place: burial or cremation Fredericktown, Mo.

18. (a) Signature of funeral director D. W. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) DEC 30 1940 (Date received local registrar) (b) D. W. McLaughlin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30 year 1940 hour 8 minute 30 A. M.

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

Immediate cause of death Coronary Thrombosis Duration 1 day

Due to Chr. Myocarditis

Due to Chr. Endocarditis, mitral

Due to Chr. Nephritis, glomerular 1

Other conditions Emphysema (Include pregnancy within 3 months of death)

Major findings: Of operations none 31

Of autopsy none

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) no

(b) Date of occurrence _____

(c) Where did injury occur? no (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. H. Kagas (M. D. or other) MD

Address 12767 Lewis Date signed 12-30-40

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

MOTHER FATHER

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

L. R. ...

Licensed Embalmer No.

3633

P. O. Address

2317 Lafayette

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, fact should be so stated above.