FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

State File No. 16846

Registration District No. 791 Primary Registration District No. Registrar's No. 4364

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 days (Specify whether
In this community 2 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 1117
(If outside city or town limits, write "RURAL")

(d) Street No. 4326 St. Ferdinand
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Henry Anderson

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race Colored

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Beulah

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct (Month) 2 (Day) 1880 (Year)

8. AGE: Years 60 Months 7 Days 20 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business unemployed

FATHER
12. Name Geo. Anderson
13. Birthplace MISS (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name Martha Anderson
15. Birthplace MISS (City, town, or county) Miss (State or foreign country)

16. (a) Informant's own signature Mrs Pearl Lee
(b) Address 4326 St Ferdinand

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 24-1941 (Month) (Day) (Year)
(c) Place: burial or cremation East St Louis Ill

18. (a) Signature of funeral director J L Marshall
(b) Address 2205 Mo. Ave. East St Louis Ill

19. (a) MAY 24 1941 (Date received local registrar) (b) J W Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 22 day 22
year 1941 hour 2:05 minute P. M.

21. I hereby certify that I attended the deceased from May 12, 1941 to May 22, 1941; that I last saw him alive on May 22, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Hypertrophy	8 months
Pulmonary Edema	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Cardiac Hypertrophy Pulmonary Edema	

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)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address 2601 N. Whittier St. Date signed 5-23-41

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39 1 X19511

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 William Claude Gordon, Registered Apprentice No.....,
working under my personal supervision.

Signed William Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 2649 Delmar Blvd

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.