No. 2
4-13-40
7-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

36443

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7392

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

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: Gravois & Salena - In Auto
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 17

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

(d) Street No.: 3923 Miami
(If rural, give location)

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

3. (a) PRINT FULL NAME: MR. ROBERT ANDERSON

3. (b) If veteran, name war: -----

3. (c) Social Security No.: 352-03-4221

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Mary Homberg Anderson

6. (c) Age of husband or wife if alive: 53 years

7. Birth date of deceased: January 25, 1888
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
53	7	18	hr. min.

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

10. Usual occupation: Meter Reader

11. Industry or business: City Water Department

FATHER
12. Name: Robert Anderson
13. Birthplace: Geyer, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Margaret Unknown
15. Birthplace: Geyer (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mary Anderson
(b) Address: 3923 Miami

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 15, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Lakewood Park Cem.

18. (a) Signature of funeral director: Beiderwieden F. H. Inc.
(b) Address: 1936 St. Louis Avenue

19. (a) SEP 13 1941 (Date received by registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12, year 1941 hour 8 minute 00 A. M.

21. I hereby certify that I attended the deceased from Jan. 1st, 1941 to Sept. 12th, 1941 that I last saw him in alive on Sept. 11th, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Thrombosis	1 hr.
Due to: Arteriosclerosis	
Due to: Chronic Nephritis	6 mo.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of 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): XXXX
(b) Date of occurrence: XXXX
(c) Where did injury occur? XXXXX (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? XXX (e) Means of injury

23. Signature: Dr. W. H. Walters (M. D. or other) M.D.
Address: 3408 S. Grand Date signed

(Licensed Embalmer's Statement on Reverse Side)

Dr. Walter
Wells Bldg.

2-4

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 Dale Harness, Registered Apprentice No. 293 working under my personal supervision.

Signed: Gil Katz

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.