No. 2
-1-4-41
-17-39
X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 23 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

39456

State File No. 2

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2515

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 248 Military Rd. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 25 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Lemay (If outside city or town limits, write "RURAL") 0

(d) Street No. 248 Military (If rural, give location) 0

(e) Citizen of foreign country? yes (Yes or No)

If yes, name country Italy

3. (a) PRINT FULL NAME Catherine Anderlini

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female 1

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Anton Anderlini

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Nov (Month) 25 (Day) 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
68	-	14	hr. min.

9. Birthplace (City, town, or county) Italy (State or foreign country) 6

10. Usual occupation house wife

11. Industry or business at home

FATHER
12. Name John Imburdin
13. Birthplace (City, town, or county) Italy (State or foreign country) 6

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) Italy (State or foreign country) 6

16. (a) Informant Anton Anderlini

(b) Address 248 Military

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Dec 12-41 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter-Paul

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan

19. (a) DEC 11 1941 (Date received local registrar) (b) E. H. McGarrow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9 year 1941 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 2, 1941, to Dec 9, 1941, that I last saw her alive on Dec 8, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death mitral Stenosis	?
Due to	
Due to Hypertrophy, of liver	?
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 0

23. Signature D. Royal T. Tobe (M. D. or other)

Address 7110 Michigan Ave Date signed 12-10-41

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(Licensed Embalmer's Statement on Reverse Side)

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 Olive E. Pendler

Licensed Embalmer No. 4148

P. O. Address E May Mo

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.