

No. 2
4-13-40
5-17-39
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FILED JAN 24 1942 791
Registration District No. _____

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
On Route City Hosp # 11
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town St. Louis Mo - 217
(If outside city or town limits, write "RURAL")
(d) Street No. 1929 Biddle
(If rural, give location) _____
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME George W Anderson
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 7
year 1941 hour 1 minute 22 AM.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Unknown
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Unknown
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

8. AGE: Years abt 55 Months - Days - If less than one day _____ hr. _____ min.

Duration _____
Chronic Fibrous Myocarditis
Chronic Endocarditis
Coronary Occlusion Right
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Unknown (City, town, or county) (State or foreign country)
10. Usual occupation Laborer

PHYSICIAN _____
Underline the cause to which death should be charged statistically.
Major findings: _____
Of operations _____
Of autopsy _____

11. Industry or business _____
MOTHER FATHER {
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant James J. Thomas
(b) Address 1302 Clark Ave
17. (a) _____ (b) Date thereof 11-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington

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? _____

18. (a) Signature of funeral director W. G. Ruff
(b) Address _____
19. (a) _____ (b) J. F. Medeck
(If received by _____) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature Thomas F. Callahan (M. D. or other) _____
Address Deputy Coroner Date signed 11/19/41

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.....

P.O. Address.....

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.