

No. 2
1-4-41
1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39945

State File No. _____

JAN 24 1942

1003

Registrar's No. 9653

Registration District No. 791

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town **SAINT LOUIS;**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **BARNES HOSPITAL 0**
(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 **FLORIDARI** (b) County _____
(c) City or town **SAINTPETERSBURG**
(If outside city or town limits, write "RURAL")
(d) Street No. **1018 SEVENTH AVE. SOUTH**
(If rural, give location)
(e) Citizen of foreign country? **NO.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **5**
year **1941** hour **10** minute **30** A.M.

21. I hereby certify that I attended the deceased from **November 5, 1941** to **December 5, 1941**;
that I last saw him alive on **December 5, 1941**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Hemorrhage**
Due to **Carcinoma of lung, left**

Due to _____
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.

3. (a) PRINT FULL NAME **HORACE E. ANDERSON**

3. (b) If veteran, name was **SPANISH AMERICAN** 3. (c) Social Security No. **397-14-0700**

4. Sex **MALE 0** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **BERTHA MAE ANDERSON** 6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **AUGUST 19 1880**
(Month) (Day) (Year)

8. AGE: Years **61** Months **3** Days **16** If less than one day _____ hr. _____ min.

9. Birthplace **Forrest City Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **SALESMAN**

11. Industry or business **ROYAL CHINA, INC.**

12. Name **JOHN E. ANDERSON**

13. Birthplace **SWEDEN 4**
(City, town, or county) (State or foreign country)

14. Maiden name **MARTHA JOHNSON**

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

16. (a) Informant **MRS BERTHA MAE ANDERSON**

(b) Address **1018 7th AV. SOUTH. ST. PETE. FL 0**

17. (a) **CREMATION** (b) Date thereof **DEC 6 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **OAK GROVE CREMATORY**

18. (a) Signature of funeral director **C. R. LUPTON SONS**

(b) Address **7233 DELMAR BLVD.**

19. (a) **DEC 5 1941** (b) **J. J. Busick**
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury **0**

23. Signature **H. P. Bralley** (M. D. or other) _____

Address **BARNES HOSPITAL** Date signed **12-5-41**

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

8678-38
working
under

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 Bradford A. Miles
Licensed Embalmer No. 2901
P. O. Address University City

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.