

FILED FEB 24 1947

Primary Registration District No. 1003

Registrar's No. ....

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: BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 1/2 days (Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Clinton  
(c) City or town Trenton  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country 2,

3. (a) PRINT FULL NAME Oliver J. Anderhalter

3. (b) If veteran, name war No. 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Katheryne 6. (c) Age of husband or wife if alive 47 years  
7. Birth date of deceased July 9 1890  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
51 5 27 hr. min.

9. Birthplace Trenton Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Cigar Maker

11. Industry or business.....

MOTHER FATHER

12. Name Frank Anderhalter

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Welz

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

16. (a) Informant Mrs. Katheryne Anderhalter

(b) Address Trenton, Ill.

17. (a) Removal (b) Date thereof 1-7-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Trenton, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) JAN 7 1942 (b) J. F. Medeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6  
year 1942 hour 5 minute 25 P. M.

21. I hereby certify that I attended the deceased from  
December 15 1941 to January 6 1942  
that I last saw him alive on January 6 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the esophagus

Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings: Ca of lumen 1/2 of esophagus  
Of operations.....  
Of autopsy.....

Duration  
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?

While at work?..... (Specify type of place) (e) Years of injury.....

23. Signature Llewellyn Sale (M. D. or other) MD  
Address Barnes Hospital Date signed 1/6/42

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

100  
17  
9

---

---

**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 George W. Wilberson

Licensed Embalmer No. 3575

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.**