

Registration District No. ....

Primary Registration District No. **1003**

Registrar's No. ....

**1. PLACE OF DEATH:**  
 (a) County.....  
 (b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 Mo. 4 Days  
(Specify whether  
 In this community 40 years  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County 12.000  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5025 Waterman  
(If rural, give location)  
 (e) Citizen of foreign country? Yes (Yes or No) 0  
 If yes, name country Sweden

**3. (a) PRINT FULL NAME** John Andrew Anderson  
 3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S  
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased.....  
(Month) (Day) (Year)  
Unknown

**8. AGE:** Years Months Days If less than one day  
About 70 hr. min.

9. Birthplace Sweden (City, town, or county) (State or foreign country) 4

10. Usual occupation Carpenter

11. Industry or business.....

12. Name Unknown

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

14. Maiden name Unknown

15. Birthplace Sweden (City, town, or county) (State or foreign country) 4

16. (a) Informant Mary Houston  
 (b) Address 5025 Waterman

17. (a) Burial (b) Date thereof 2/18/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director A. H. McLaughlin  
 (b) Address 2301 Lafayette Ave

19. (a) Feb 17 1942 (b) J. S. Redeck  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month February day 16, year 1942 hour 10:15 minute P. M.  
 21. I hereby certify that I attended the deceased from January 13, 1942 to February 16, 1942  
 that I last saw him im alive on February 16, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Peritonial Sepsis (infectious type)  
 Due to.....  
 Due to.....  
 Other conditions.....  
(Include pregnancy within 3 months of death)

Duration  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

Major findings:  
 Of operations.....  
 Of autopsy Refused.

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) (Means of injury)  
 23. Signature Drew Milner (M. D. or other) D  
 Address 1515 Lafayette Avenue, Date signed 2/17/42

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

MOTHER FATHER

**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.....  
*R. R. Cooper*

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

**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.**