

FILED APR 13 1942

STANDARD CERTIFICATE OF DEATH

8216
State File No. 2844
Registrar's No.

791

1003

Registration District No. Primary Registration District 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:
City Infirmary
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 17 days
 (Specify whether
 In this community.....
 years, months or days)

3. (a) PRINT FULL NAME Ernest Anderson.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if

7. Birth date of deceased August 6 1884
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 7 17 hr. min.

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

10. Usual occupation Laborer

11. Industry or business X

MOTHER FATHER { 12. Name Erickson Anderson

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

14. Maiden name Bertha Tidlaum (City, town, or county) (State or foreign country)

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

16. (a) Informant Louise Green

(b) Address 5800 Arsenal

17. (a) Autosomal Burial Date thereof 3-27-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. R. R. R.

(b) Address 5800 Arsenal

19. (a) MAR 31 1942 (b) J. F. Gledick
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County 13 000 17 9
 (c) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. City Infirmary--5800 Arsenal
 (If rural, give location)
 (e) Citizen of foreign country? Alien (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
 year 1942 hour 9:00 minute 25 PM.

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..... Duration
Probably pyelonephritis.

Due to Urinary incontinence

Due to Injury to spinal cord, multiple fractures of ribs, sternum and lumbar spine

Other conditions..... (Include pregnancy within 3 months of death)
 Major findings: 164
 Of operations.....

Of autopsy..... 169

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) Paralysis resulted from injury

(b) Date of occurrence from injury from suicidal intent

(c) Where did injury occur? 1 1/2 years (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
15

While at work? (Specify type of place) (e) Means of injury 15

23. Signature Louise Blawie (M. D. or other)

Address 5800 Arsenal Date signed 3-24-42

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

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.