

FILED MAY 25 1942

Registration District No. 57

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Pine Lawn  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3629 Pine Grove Avenue  
(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 Missouri (b) County St. Louis  
(c) City or town Pine Lawn  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3629 Pine Grove Avenue  
(If rural, give location)  
(e) Citizen of foreign country?.....  
(Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Sadie Anderson

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Harry Anderson 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased August 14 1857  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 9 4 ..hr. ....min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name James Dickinson  
13. Birthplace North Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name Emeline Parkham  
15. Birthplace Dresden Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Carl Rossiger  
(b) Address 3629 Pine Grove Avenue.

17. (a) Burial (b) Date thereof May 21, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Shepard Funeral Home  
(b) Address 1167 Hamilton Avenue.

19. (a) MAY 20 1942 (b) C. H. McHarron M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18, 1942  
year 8 hour 05 minute A

21. I hereby certify that I attended the deceased from May 11<sup>th</sup>  
to May 18<sup>th</sup> 1942  
that I last saw her alive on May 16<sup>th</sup> 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Vascular - Renal Disease  
Duration Duffy

Due to.....  
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.

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.....  
23. Signature John G. Rossiger (M. D. or other) D  
Address 3629 Center Drive Date signed 5/19/42

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

76  
0  
0

707

St Louis, Mo

**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 *Welford H Burnley*

Licensed Embalmer No. *4202*

P. O. Address *St Louis Mo*

**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.**