S. No. 2
I—9-4-41
. 5-17-39
P I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19342

JUN 29 1942

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5240

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Pacific 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County ST CLAIR 999

(c) City or town EAST ST LOUIS NR
(If outside city or town limits, write "RURAL")

(d) Street No. 707 WABASH A AVE
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME LEO PAUL ANDERSON

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, / divorced Married

6. (b) Name of husband or wife Ora Harbaugh

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Nov. 28, 1884 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
57	6	19	hr. min.

9. Birthplace Olney Ill / (City, town, or county) (State or foreign country)

10. Usual occupation Railroad Fireman

11. Industry or business

FATHER
12. Name James Anderson
13. Birthplace not known 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma Rider
15. Birthplace Fairfield Ill 0 (City, town, or county) (State or foreign country)

16. (a) Informant Chas Burke
(b) Address East St. Louis, Ill

17. (a) removal (Burial, cremation, or removal) (b) Date thereof June 17 1942 (Month) (Day) (Year)
(c) Place: burial or cremation East St. Louis, Ill

18. (a) Signature of funeral director Chas Burke
(b) Address East St. Louis, Ill

19. (a) JUN 17 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 17
year 1942 hour 6 minute 30 A M.

21. I hereby certify that I attended the deceased from JUNE 16, 1942 to JUNE 17, 1942
that I last saw him alive on JUNE 17, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Oesophageal varix c hemorrhage	24 hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Syphilis 30	
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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Gilbert Wright (M. D. ~~or other~~)

Address Mo-Pac Hosp. St. Louis. Mo. Date signed 6-17-42

(Licensed Embalmer's Statement on Reverse Side)

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 Chas M. Burke

Licensed Embalmer No. 2421

P. O. Address East St. Louis, Ill

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.