

FILED AUG 14 1942
791

Primary Registration District No. **1003**

Registrar's No. **6541**

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:
4423 Miami Ave.
(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 Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4423 Miami Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Kate 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 Late Arthur Anderson 6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 15th 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 4 16 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Jacob Egly
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Jake Anderson

(b) Address 4423 Miami Ave.

17. (a) Burial (b) Date thereof 8-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Kriegshausen Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) AUG 3 1942 (b) J. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st
year 1942 hour 3:30 minute P.M. M.

21. I hereby certify that I attended the deceased from 6-11-42
....., 19....., to 7-31-42, 19.....
that I last saw him alive on 7-31-42, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Decompensation 2 hrs.
Due to Chronic Myocardial Disease

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 Paul B. Welch (M. D. or other) MD
Address 3467 Maryland Date signed 7/31/42

3467 Margaretford
No 7588

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 *Edwin A. B. Permat*

Licensed Embalmer No. *3027*

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.