

FILED AUG 6 1942

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

6331

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:
Homer Phillips Hospital C
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 mo. 23 days
(Specify whether
 In this community 23 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 21
 (c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
 (d) Street No. 2236 1/2 Cass
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... 0

3. (a) PRINT FULL NAME

Sam Anderson

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex Male 5. Color or face Col 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lena Anderson 6. (c) Age of husband or wife if alive 35 years
 7. Birth date of deceased Sept 15, 1894
(Month) (Day) (Year)

8. AGE: Years 47 Months 10 Days 9 If less than one day
hr. min.

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

10. Usual occupation Coal Dealer

11. Industry or business DWN business

12. Name UNKNOWN

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

14. Maiden name UNKNOWN

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

16. (a) Informant Lena Anderson

(b) Address 2236 1/2 Cass Ave.

17. (a) Burial (b) Date thereof 7-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park City

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 3820 Stoddard St.

19. (a) JUL 27 1942
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24,
 year 1942 hour 3 minute 50 P.M.

21. I hereby certify that I attended the deceased from June 1,
1942 to July 24, 19 42
 that I last saw him alive on July 24, 19 42
 and that death occurred on the date and hour stated above.

Immediate cause of death Leucic Heart Disease Duration Unk.

Due to.....

Due to.....

Other conditions 2/2/1
(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? Yes (Specify type of place) (e) Means of injury.....

23. Signature J. E. Smith (M. D. unck)

Address 2601 1/2 Butler Date signed 7/25/42

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

MOTHER FATHER

See 4-199

MEMBER

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 L. Boyer
....., Registered Apprentice No. my
working under my personal supervision.

Signed Tommy Boyer

Licensed Embalmer No. 29

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.

STANDARD CERTIFICATE OF DEATH

State File No. 22575

Registrar's No. 6331

Registration District No.

Primary Registration District No.

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

MEDICAL CERTIFICATION

- 20. DATE OF DEATH: Month July day 24
year 1942 hour 10 minute 15 M.
- 21. I hereby certify that I attended the deceased from 1942 to 1942 and that death occurred on the date and hour stated above.
Immediate cause of death.....

Duration

- 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?
(Specify type of place)
 - While at work?..... (e) Means of injury.....
- 23. Signature..... (M. D. or other).....
Address..... Date signed.....

- 3. (a) PRINT FULL NAME Sam Anderson
- 3. (b) If veteran, name war.....
- 3. (c) Social Security No.....

- 4. Sex M
- 5. Color or race B
- 6. (a) Single, widowed, married, divorced.....
- 6. (b) Name of husband or wife.....
- 6. (c) Age of husband or wife if alive..... years
- 7. Birth date of deceased Sept 15
(Month) (Day) (Year)

- 8. AGE: Years 47 Months 12 Days 12 If less than one day..... min.

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

- 10. Usual occupation.....

- 11. Industry or business.....

- 12. Name.....

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

- 14. Maiden name.....

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

- 16. (a) Informant.....

- (b) Address.....

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

- (c) Place: burial or cremation.....

- 18. (a) Signature of funeral director.....

- (b) Address.....

- 19. (a) SEP 3 1942 (b) J. F. Bredek
(Date received local registration) (Registrar's signature)

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

MOTHER FATHER

SUPPLEMENTARY

S-22575