

FILED OCT 21 1942

Registration District No. **318**

Primary Registration District No. **1002**

Registrar's No. **8281**

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether
In this community 28 years
years, months or days)

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

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widower

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years About 82 Months Days If less than one day
hr. min.

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

10. Usual occupation Unknown

11. Industry or business.....

MOTHER, FATHER { 12. Name Robert Anderson
13. Birthplace N. C.
(City, town, or county) (State or foreign country)
14. Maiden name Celia Sullivan
15. Birthplace Ga.
(City, town, or county) (State or foreign country)

16. (a) Informant Shirley M. Smith
(b) Address 2601 N. Whittier

17. (a) Anatomical Road (Burial, cremation, or removal) (by Date thereof 10-5-42)
(Month) (Day) (Year)

(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. R. White
(b) Address 3506 Keithway

19. (a) OCT 6 1942 (Date received local registrar) J. F. Brucette (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County.....
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 1908 Division (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 2,
year 1942 hour 8 minute 15 A. M.

21. I hereby certify that I attended the deceased from September
26, 1942 to October 2, 1942;
that I last saw him alive on October 2, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death
Enteric feveric
Heart Disease
Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

Duration
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 Ldney C. Smith (M. D. or other)
Address 2601 N. Whittier Date signed 10/5/42

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

1828

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.