S. No. 2
M—9-4-41
v. 5-17-39
I—X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 21 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31688

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8383

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:
3311 Oxford 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 About. 5o Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000 12

(c) City or town St Louis 39
(If outside city or town limits, write "RURAL")

(d) Street No. 3311 Oxford Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country About 50 Years 0

3. (a) PRINT FULL NAME Anna Anderson

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Frank O. Anderson

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

7. Birth date of deceased Feb 12 - 1873
(Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days 25 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Sweeden 4 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Martin Olhsen
13. Birthplace Unknown (City, town, or county) Sweeden 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknowen (City, town, or county) Sweeden 4 (State or foreign country)

16. (a) Informant Art. Anderson: 1LL
(b) Address 2967 Madison Ave. Granit City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 (Month) 10 (Day) 42 (Year)
(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart
(b) Address 2228 St Louis Ave

19. OCT 9 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 7
year 42 hour 6 minute 00 p.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Left Coronary Occlusion

Due to Pen[illegible]

Due to 94a

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 Alfred G Perry (M. D. or other)
Address [illegible] Date signed 10/9/42

(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.....

Licensed Embalmer No. 3575

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.