

S. No. 2  
DM-542  
v. 5-17-39  
X32873

FILED JAN 13 1943 18

State File No. ....

Registration District No. ....

Primary Registration District No. ....

1003

Registrar's No. 10941

1. PLACE OF DEATH: St. Louis  
 (a) County St. Louis  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: City Infirmery  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: 4 yr - 7 mo - 5 days  
 (Specify whether years, months or days)  
 In this community: 30 yrs.  
 (Specify whether years, months or days)

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. 3225 Montgomery  
 (If rural, give location)  
 (e) Citizen of foreign country? ? (Yes or No)  
 If yes, name country.

3. (a) PRINT FULL NAME Elmer Anderson

3. (b) If veteran, name war  
 3. (c) Social Security No.

4. Sex M O  
 5. Color or race W  
 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: November 12 1871  
 (Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 14  
 If less than one day hr. min.

9. Birthplace: Sweden 4  
 (City, town, or county) (State or foreign country)

10. Usual occupation: R. R. Laborer

11. Industry or business

12. Name: Unknown

13. Birthplace: Vt. 9  
 (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace: Unknown 7  
 (City, town, or county) (State or foreign country)

16. (a) Informant: Hiram Bazzoli

(b) Address: 5800 Arsenal St.

17. (a) (b) Date thereof: 12-3-42  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Washington D.C.

18. (a) Signature of funeral director: W. K. ...  
 (b) Address: 3500 ...

19. (a) (b) DEC 29 1942 J. F. ...  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26  
 year 1942 hour 12.30 minute A. M.

21. I hereby certify that I attended the deceased from November 20, 1942, to November 26, 1942, that I last saw him alive on November 25, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia

Due to: aspiration of blood from ruptured enlarged bacilli

Due to: embolus of liver & arteries

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: 1/24

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) (a) Means of injury

23. Signature: Walter P. Gaul (M. D. or other)

Address: City Hospital Date signed: 1/26/42

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

MOTHER FATHER

844

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**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.**