S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3868

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1084

1. PLACE OF DEATH:

(a) County: Missouri

(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2236 Indiana
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 3

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

(d) Street No.: 2236 Indiana Av.
(If rural, give location)

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

3. (a) PRINT FULL NAME: Emilie A. Anderson

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

3. (c) Social Security No. .....

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: George C. Anderson

6. (c) Age of husband or wife if alive: 69 years

7. Birth date of deceased: March (Month) 2, (Day) 1880 (Year)

8. AGE: Years 62 Months 10 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: At home

11. Industry or business .....

FATHER
12. Name: Frank Ludwig Haberkorn
13. Birthplace: Germany (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name: Anna Kiesel
15. Birthplace: St. Louis, (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant: George C. Anderson
(b) Address: 2236 Indiana

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/3/43 (Month) (Day) (Year)
(c) Place: burial or cremation: New St. Marcus

18. (a) Signature of funeral director: John H. Gebken Sons
(b) Address: 2630 Gravois

19. (a) FEB 2 1943 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31st year 1943 hour 1:50 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 13, 1941 to January 31, 1943; that I last saw her alive on January 30, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
General metastasis; diabetes; cerebral arteriosclerosis	2 yrs.
Due to: Carcinoma of cervix; hypertension; arteriosclerosis.	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: Carcinoma

Of autopsy: none

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: G. L. Krause (M. D. or other)

Address: 3720 Washington Blvd. Date signed: 2/1/43

(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 Robert T. Gebben

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois

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.