S. No. 2
M—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

11826

State File No. 3493

FILED APR 23 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's 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: Mo. Baptist Hosp. O
(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: 000

(a) State Mo (b) County 19 17 19

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

(d) Street No. 3740 Westminster Av.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) O

If yes, name country

3. (a) PRINT FULL NAME Sam Anders

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced 3 divorced

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. (Month) 18 (Day) 1897 (Year)

8. AGE: Years 45 Months 4 Days 24 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo O (State or foreign country)

10. Usual occupation Rooming House + Hotel

11. Industry or business Proprietor.

FATHER
12. Name Max W. Anders
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Jennie Hertz
15. Birthplace St. Louis (City, town, or county) Mo O (State or foreign country)

16. (a) Informant Max W. Anders

(b) Address 2301 Shenandoah Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-43 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Witt Bros. L. Co

(b) Address 2929 S. Jefferson Av.

19. (a) APR 14 1943 (Date received local registrar) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year 1943 hour 3 minute 53 p. M.

21. I hereby certify that I attended the deceased from 3/25/43, 19, to 4/12/43, 19; that I last saw him alive on 4/12/43, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Septicemia	
Blood culture (Staphylococcus).	15days
Due to	
Due to Ischiorectal Abscess	18 day
Cause not known	
Other conditions (Include pregnancy within 3 months of death) 123.3	
Major findings: Of operations	
Of autopsy Septicemia, Ischiorectal Abscess, with infiltrations.	

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 Irwin Harris (M. D. or other)

Address Title Guaranty Bldg Date signed 4/13/23

(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: Gustav W. Dietrich

Licensed Embalmer No. 4329

P. O. Address 2929 S. Jefferson

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.