

AUG 30 1943 **318**
Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(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:
St. Mary Hospital Infirmary
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution..... (Specify whether years, months or days) 23 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 3116 A. School
(If rural, give location)

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

3. (a) PRINT FULL NAME Hattie Anderson

3. (b) If veteran, name war..... none

3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife Eugene Anderson

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Feb. 11, 1897
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>46</u>	<u>6</u>	<u>8</u> hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name James Winn

13. Birthplace Blythe Miss.
(City, town, or county) (State or foreign country)

14. Maiden name Jennie Marrey

15. Birthplace Forest City Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene Anderson

(b) Address 3116 A. School St.

17. (a) Burial (b) Date thereof Aug. 23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Dement & Son

(b) Address 2629-31 Cole St.

19. (a) AUG 23 1943 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 19th
year 1943 hour 7 clock minute 20 P.M.

21. I hereby certify that I attended the deceased from July 18th
1943, to Aug. 19th 1943

that I last saw her alive on Aug. 19th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia
pleurisy & Effusion
Chronic nephritis

Duration 31 days

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

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) (e) Means of injury.....

23. Signature F. L. Lowrey (M. D. or other) 9/21/43
Address 1631 Franklin Date signed.....

made

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..... *William Claude Gordon*

Licensed Embalmer No. *2489*

P. O. Address..... *4575 Aldine St*

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.