

LED NOV 29 1943
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State File No. _____
Registrar's No. 10076 ✓

Registration District No. _____ Primary Registration District No. 1003

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:
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month
In this community _____ (Specify whether years, months or days) 0

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. 4739 St. Louis Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

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6-17
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3. (a) PRINT FULL NAME John Joseph Anderson

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Parnell S. Anderson 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased July 8, 1882
(Month) (Day) (Year)

8. AGE: Years 61 Months 5 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Philadelphia - Pa. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired switchman

MOTHER FATHER
11. Industry or business _____

12. Name Patrick F. Anderson

13. Birthplace Unknown Pa. 1
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Woodland

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

16. (a) Informant Mrs Parnell S. Anderson

(b) Address 4739 St. Louis Ave

17. (a) Burial (b) Date thereof 11/19/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Park Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) NOV 17 1943 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11-16-43 day _____
year _____ hour 4:45 minute _____ M.

21. I hereby certify that I attended the deceased from 10-18-43
19 _____ to 11-16-43 19 _____

that I last saw him living alive on _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death
CA of Rectum
irreparable

Due to _____

Due to _____

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

Major findings: Ca of Rectum
Of operations Metastases
Cotarctomy

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature J. F. Brebeck (M. D. or _____)
Address 1755 50th Street Date signed 11/16/43

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

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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..... *Welford G Burnley*.....
Licensed Embalmer No..... *4202*.....
P. O. Address..... *St Louis Mo*.....

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.