

FILED DEC 27 1943
Registration District No. 31943

Primary Registration District No. 3069

1. PLACE OF DEATH:

(a) County St. Louis County Richmond

(b) City or town Richmond
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days)

In this community 7 days
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 7-2

(c) City or town Gideon
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME Helen Agnes Anderson

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female Color or race White

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

6. (b) Name of husband or wife Newton Charles

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Oct 1st 1875
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>68</u> | <u>2</u> | <u>19</u> | hr. _____ min. _____ |

9. Birthplace Decatur Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Gabriel Hintz

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

14. Maiden name Elsie Pabers

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Newton C Anderson

(b) Address Gideon Missouri

17. (a) burial (b) Date thereof 12-20-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gideon Missouri

18. (a) Signature of funeral director Craig Undertaking Co

(b) Address Walden Mo

19. (a) DEC 22 1943 (b) C. McLaughlin M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 20 1943
day year 1943 hour 10 minute 20 AM

21. I hereby certify that I attended the deceased from Dec 10 1943 to Dec 20 1943
and that death occurred on the date and hour stated above.

that I last saw her alive on Dec 20 1943

Immediate cause of death uraemia - Nephritis - Duration _____

Due to Nephritis -

Due to _____

Other conditions Interlegamatae Cyst

Major findings: Interlegamatae Cyst PHYSICIAN _____
Of operations Interlegamatae Cyst Underline the cause to which death should be charged statistically.

Of autopsy Hypertrophy Heart 131 lb
Chronic Nephritis

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 [Signature] (M. D. or other) _____
Address [Address] Date signed 12/20/43

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

3006

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 *Howard P. Rowland*

Licensed Embalmer No. *3114*

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.