

FILED DEC 23 1943

Registration District No. 317

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 43018
 Registrar's No. 2795

1. PLACE OF DEATH:
 (a) County. St. Louis
 (b) City or town. Pine Lawn
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4018 Beachwood
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 26 Yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County St. Louis
 (c) City or town Pine Lawn
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4018 Beachwood
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME James B. Anderson

3. (b) If veteran, name war Spanish American 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Maratha (Blaser) 6. (c) Age of husband or wife if alive, _____ years

7. Birth date of deceased April 17 1877
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 7 27 hr. _____ min.

9. Birthplace Carrollton Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Stock Clerk

11. Industry or business Sligo Iron Store

12. Name James Anderson

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

14. Maiden name Hattie Fraser

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

16. (a) Informant Mrs. Martha Anderson
 (b) Address 4018 Beachwood

17. (a) Burial (b) Date thereof Dec. 18 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Edith...
 (b) Address 1926 St. Louis

19. (a) DEC 17 1943 (b) E. H. McKeever, M.D.
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14
 year 1943 hour 3:30 p.m. minute _____ M.

21. I hereby certify that I attended the deceased from Dec 7
1943 to Dec 14 1943
 that I last saw him alive on Dec 12 1943
 and that death occurred on the date and hour stated above

Immediate cause of death Rt. Upper Lobe Pneumonia Duration _____

Due to 13 1/2

Due to _____

Other conditions Acute Toxic Infection
 (Include pregnancy within 3 months of death)
Bronchial asthma

Major findings: # Pulmonary tuberculosis

Of operations _____
 Of autopsy _____

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)
 (c) Means of injury _____

23. Signature W. H. Moore (M. D. or other) MD
 Address 7301 Natural Bridge Date signed 12-15-43

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

DEC 27 1943

JAN 24 1944

DEC 27 1943

JAN 6 1944

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..... *G. W. Hah*

Licensed Embalmer No. *3737*

P. O. Address..... *1926 St. Louis*

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.