

FILED JUN 19 1944

State File No.

5231

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:  
City Infirmary  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... 3 mo 4 days  
(Specify whether years, months or days)  
In this community..... 9 months

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..... 5859 Clemens  
(If rural, give location)  
(e) Citizen of foreign country?..... American (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME

Anderson, Lillian May

3. (b) If veteran, name war..... nil

3. (c) Social Security No. nil

4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, divorced, widow  
6. (b) Name of husband or wife.....  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased..... July 9, 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 10 27 hr. min.

9. Birthplace New Vandalia, Fayette Co., Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business.....

12. Name Pleasant Spps  
13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Klingley  
15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant C. Hannon  
(b) Address 5800 Arsenal St.

17. (a) Removal (b) Date thereof 6-9-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vernon Sel.

18. (a) Signature of funeral director..... Sam Miller

(b) Address 50-41 Selphar

19. (a) JUN 8 1944 (b) J. F. Probst  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6  
year 1944 hour 12:45 p.m. minute..... M.

21. I hereby certify that I attended the deceased from March 2, 1944  
..... 19..... to June 6, 1944..... 19.....

that I last saw her alive on June 6, 1944..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Carcinoma of cervix

Due to.....

Due to.....

Other conditions Recto vaginal fistula;  
(include pregnancy within 3 months of death)  
atrophy of heart

Major findings:  
Of operations.....

Of autopsy Extensive Xray & radium  
erosion of pelvis

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 Norman A. Sweetman M.D. (M. D. or other)

Address 5800 Arsenal St. Date signed.....

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

MOTHER FATHER

000  
5-17-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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.....

*John Dean Harris*....., Registered Apprentice No. *363*,  
working under my personal supervision.

Signed *Howard P. Rowland*.....

Licensed Embalmer No. *3114*.....

P. O. Address *OT Harris 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.**