

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL RECORDS
FILED MAY 27 1946 STANDARD CERTIFICATE OF DEATH

17987

State File No. _____

Registration District No. 317

Primary Registration District No. 6026

Registrar's No. 1117

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
8020 Ellerton Ave. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town _____ 13
(If outside city or town limits, write "RURAL")

(d) Street No. 8020 Ellerton Ave. 1
(If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME JOHN HENRY ANDERSON

3. (b) If veteran, name war _____

3. (c) Social Security No. 488-18-9201

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1946 hour 10 minute 30 P. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Irene Anderson (nee Zunz)

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased March 9 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 8 1945 to May 18 1946
that I last saw him alive on Apr 11 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 2 Days 9 If less than one day _____ hr. _____ min.

Immediate cause of death: Chronic Myocarditis
General Arteriosclerosis

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

Due to Mitral Regurgitation
Due to Chronic Nephritis

10. Usual occupation Unemployed

Other conditions (Include pregnancy within 3 months of death) 131/4

11. Industry or business _____

PHYSICIAN _____

MOTHER FATHER { 12. Name Adam Anderson 4

13. Birthplace Germany (State or foreign country)

14. Maiden name Virginia Diehl 5

15. Birthplace Unavailable (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Irene Anderson

(b) Address 8020 Ellerton Ave.

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof May 22, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c), Place: burial or cremation Valhalla Cemetery

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

18. (a) Signature of funeral director Truth Center Mortuary

(b) Address 4024 Lindell Blvd.

Signature Chas. F. Rosenberger D. or other _____

Address 774 W. W. St. Date signed 5-20-46

19. (a) 5-23-46 (b) E. J. Mc Gowan
(Date received local registrar) (Registrar's signature)

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

6
3
1

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Ronald Gahnke
Licensed Embalmer No. 3917
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.