V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

16885

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAY 27 1946

State File No. 18004

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1125

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: 2129-Cherry Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 6-months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Pine Lawn
(If outside city or town limits, write "RURAL")
(d) Street No. 2129-Cherry Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Addie Luella Anderson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F

5. Color or race W

6. (a) ~~Single, widowed, married~~ divorced D 3

6. (b) Name of husband or wife Roy

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

7. Birth date of deceased Feb (Month) 24 (Day) 1883 (Year)

8. AGE: Years 63 Months 2 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace Stone Fort (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name David Bozarth
13. Birthplace (City, town, or county) France (State or foreign country)

MOTHER
14. Maiden name Cenith Smith
15. Birthplace Stone Fort (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Fern Taylor
(b) Address 9635-Tennyson Ave-Overland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-46 (Month) (Day) (Year)
(c) Place: burial or cremation Laurel Hill Gardens

18. (a) Signature of funeral director Baumann Bros Inc
(b) Address 2504-Woodson Rd-Overland, Mo

19. (a) 5-24-46 (Date received local registrar) (b) E G McGovern M D (Registrar's signature) Dr Sc

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1946 hour 10 minute 10 P M.

21. I hereby certify that I attended the deceased from 5-6-, 1946 to 5-17-, 1946
that I last saw her alive on 5-17-, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial-pneumonia	5 days
Due to	
Due to Apoplexy Paralysis on Be	21 days
Other conditions (Include pregnancy within 3 months of death) Chr myocarditis	3 yrs

Major findings:
Of operations None
Of autopsy None

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

23. Signature Roy Johnson (M. D. or other)
Address Ferguson Mo Date signed 5/18/46

(Licensed Embalmer's Statement on Reverse Side)

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 Gustave R. Baumann

Licensed Embalmer No. 2315

P. O. Address Overland, 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.