No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18141

FILED JUN 13 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4741

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 Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Mo. 11 Days (Specify whether years, months or days)

In this community

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. 169 St. George St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Barbara Anderson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife William

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased September 12, 1904 (Month) (Day) (Year)

8. AGE: Years 41 Months 8 Days 13 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 4 (City, town, or county) (State or foreign country)

16. (a) Informant William Anderson
(b) Address 169 St. George St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cem.

18. (a) Signature of funeral director Wm Schumacher
(b) Address 3013 Meramec St.

19. (a) MAY 27 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1946 hour ~~4:00~~ 3:00 a.m. ~~p.m.~~

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Gastritis Hemorrhage from Curling's Ulcer that extended into Spleen 2 Old 1st 1/3 degree Burns of body received when her Clothing caught fire from a gas Water Heater used for heating purposes while at the Valley Products Company 3131 Sidney St. Died Instantly 9:30 a.m. Delos [illegible] M.D. (Duration)

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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) Accident

(b) Date of occurrence [illegible]

(c) Where did injury occur? [illegible] (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Work (Specify type of place)

While at work? (e) Means of injury Gas Burn

23. Signature Patrick E. Taylor (M. D. or other)

Address Deputy Coroner Date signed 5-27-46

(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 Francis Williamson

Licensed Embalmer No. 3565

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.