

S. No. 2
-12-45
5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7309
State File No.

FILED MAR 8/7 1947
Registration District No.

Primary Registration District No. 3062

Registrar's No. 338

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Brentwood Mo.
(c) Name of hospital or institution: 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 Mo. (b) County St. Louis 96
(c) City or town Brentwood
(If outside city or town limits, write "RURAL")
(d) Street No. 2640 Louis
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Thomas Anderson
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Marie 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Jan. 13, 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 0 28 hr. min.

9: Birthplace Canada
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business _____

12. Name Charles Anderson

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

14. Maiden name Mary

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

16. (a) Informant Marie Anderson

(b) Address 2640 Louis.

17. (a) Burial (b) Date thereof Feb. 11, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester. Maplewood Mo.

19. (a) 2-17-47 (b) Ruth J. Acland, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11
year 1947 hour 2 minute 30 P. M.
21. I hereby certify that I attended the deceased from Feb 10
1947 to Feb 11 1947
that I last saw him alive on Feb 10 1947
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis
Due to Senility
Due to _____

Other conditions Pulmonary Embolism
(Include pregnancy within 3 months of death)
Major findings: _____
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) (e) Means of injury _____

23. Signature E. L. McCall (M.D. or other)
Address 9012 W. 1st Date signed 2-17-47

Duration

6 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 3454
....., Registered Apprentice No.
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address. 7456 Manchester

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.