

S. No. 2  
-12-45  
-17-39  
X47070

FILED JAN 16 1948

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
De Paul Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mo 2 days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Irene D. Anderson.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased November 5, 1947.  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		<u>2</u>	<u>2</u>	hr. _____ min.

9. Birthplace: St. Louis, Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Harry Anderson.

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

14. Maiden name Irene Bilyeu.

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

16. (a) Informant Mr. Harry Anderson.

(b) Address 4327 Beachwood Avenue.

17. (a) Burial (b) Date thereof 1-9-1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) JAN 9 1948 (Date received local registrar)  
J. F. Bredack (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 9/6

(c) City or town Pine Lawn  
(If outside city or town limits, write "RURAL") 0

(d) Street No. 4327 Beachwood Avenue.  
(If rural, give location) 0

(e) Citizen or foreign country? No (Yes or No) 1

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7th.  
year 1948 hour 12.05 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Nov 6  
48 to Jan 7 1948  
er Jan 6 1948  
that I last saw her alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Pneumonia Aspiration 2 wks

Prematurity 2 mo

Congenital Heart Dis 2 mo

Mozolian 2 mo

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 157

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) \_\_\_\_\_

(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 Jackson 62 M. D. or other \_\_\_\_\_  
134 Mo Theatre Bldg Date signed 1/9/48

Dr Jackson Eto.  
634 N. Grand  
Jefferson 5055

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**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

*Clement McNeary*

Licensed Embalmer No.

*3732*

P. O. Address

*St Louis*

**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.**