S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14948

FILED MAY 15 1948

Registration District No. 397

Primary Registration District No. 6076

Registrar's No. 1145

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 44 Days (Specify whether
In this community 44 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Cass
(c) City or town Ashland
(If outside city or town limits, write "RURAL")
(d) Street No. -
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME ANDERSON, Roland L.
3. (b) If veteran, name war WW-1
3. (c) Social Security No. 330-12-0360
4. Sex Male
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 June (Month) 8 (Day) 1900 (Year)

8. AGE:	Years	Months	Days	If less than one day
	47	10	27	hr. min.

9. Birthplace Virginia, Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER
12. Name Robert Anderson
13. Birthplace Philadelphia, Pa.
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Dinwiddie
15. Birthplace Literberry, Illinois
(City, town, or county) (State or foreign country)
16. (a) Informant Registrar, VA Hospital
(b) Address Jefferson Barracks, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/6/48 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland, Illinois
18. (a) Signature of funeral director C. Hoffmeister U&L Co.
(b) Address 7814 S. Bdwy. St. Louis, Mo.
19. (a) 5-6-48 (Date received local registrar) (b) Cecil A. Sharp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1948 hour 12:10 minute A. M.

21. I hereby certify that I attended the deceased from March 22, 1948, to May 5, 1948; that I last saw him alive on May 5, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death BRONCHOGENIC CARCINOMA WITH GENERALIZED METASTASES	
Due to 47 C	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Autopsy performed (See cause of death)

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(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 L. E. Stilwell, (M. D. or other)
Address Jefferson Barracks, Mo. Date signed 5/6/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUN 1 4 1948

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 Louis C Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

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.