S. No. 300
OM—10-47
ev. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 15 1948
Registration District No. 317

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

State File No. 18186
Registrar's No. 1265

1. PLACE OF DEATH:
(a) County St. Louis Co.
(b) City or town Clayton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Co. Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community 7 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town South Kinloch 96
(If outside city or town limits, write "RURAL")
(d) Street No. 60 Wesley 10
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country 1

3. (a) PRINT FULL NAME Willis Anderson

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 2
5. Color or race Col
6. (a) Single, widowed, married, divorced Wid. 9
6. (b) Name of husband or wife Nancy Williamson
6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased 10 (Month) -15- (Day) 1866 (Year)

8. AGE: Years 81 Months 6 Days 29 If less than one day hr. min.

9. Birthplace Jackson (City, town, or county) Tenn (State or foreign country) 1
10. Usual occupation None
11. Industry or business

FATHER
12. Name Jack Anderson
13. Birthplace (City, town, or county) Tenn. (State or foreign country) 1

MOTHER
14. Maiden name Mary Gordan
15. Birthplace (City, town, or county) Tenn (State or foreign country) 1

16. (a) Informant Daughter-Earline Royal
(b) Address 60 Wesley, S. Kinloch
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20, 48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem
18. (a) Signature of funeral director Boyd Bros
(b) Address So Kinloch 21, Mo
19. (a) 2-20-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14th year 1948 hour 7 minute 50 P.M.

21. I hereby certify that I attended the deceased from May 12th, 1948, to May 14th, 1948 that I last saw him alive on May 14th, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death multiple infarcts of all lobes of the lungs

Due to Emboli from pudendal and periprostatic veins and right auricle

Due to Cardiac failure

Other conditions Nodular hypoplasia of prostate
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

Duration

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 Wilson G. Brown (M. D. or other) M D
Address 601 Brentwood, Clayton, Mo Date signed May 14, 1948

(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 Edward U. Flynn

Licensed Embalmer No. 4444

P. O. Address 4548a Page Blv

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.

LU 7664