FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 11 1948
Registration District No. 376

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6075

State File No. 24015
Registrar's No. 242

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 yrs. 2 mos. 13 das. (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County City of St. Louis 11
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5622 St. Louis Avenue 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country .....

3. (a) PRINT FULL NAME ERICK ANDERSON
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male C
5. Color or race White
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Anna Anderson (nee Williams)
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased February (Month) 10, (Day) 1871 (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	5	22	..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) Sweden 7 (State or foreign country)
10. Usual occupation Mail Carrier
11. Industry or business .....
FATHER
12. Name Jons Anderson 1
13. Birthplace Unknown (City, town, or county) Sweden 7 (State or foreign country)
MOTHER
14. Maiden name Kerste (Unknown)
15. Birthplace Unknown (City, town, or county) Sweden 4 (State or foreign country)
16. (a) Informant Records, State Hospital No. 4
(b) Address Farmington, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem., St. Louis, Mo.
18. (a) Signature of funeral director Calvin Feutz Und. Co.
(b) Address St. Louis, Missouri, 4828 Nat'l Bridge
19. (a) 8-4-48 (Date received local registrar) (b) Esther Rudloff 2 x 4 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2
year 1948 hour 11 minute 05 A.M.
21. I hereby certify that I attended the deceased from May 19, 1945, 19..., to August 2, 1948, 19...;
that I last saw him alive on August 2, 1948, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerosis - Generalized & Marked	2 yrs.
Due to	
Due to	
Other conditions: Senile Psychosis (Include pregnancy within 3 months of death)	4 yrs.

Major findings:
Of operations .....
Of autopsy No Autopsy. 97

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) .....
(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 0
23. Signature Emmett F. Hodge (M. D. or other)
Address Farmington Mo. Date signed 8/3/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

SEP 7 1948

RECEIVED

District Health Officer No. 4

District File Number 848-1016

Date Filed 8-10-48

MAY 7 1951

MAY 9 1951

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 Paul K Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington 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.