

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECD MAY 24 1938

15708

Do not use this space.

1. PLACE OF DEATH

(a) County St. Charles Mo. Registration District No. 757
(b) Township St. Charles Primary Registration District No. 5998
(c) City St. Charles (d) Street No. Pace Farm
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. George Andersson 531 St. West Alton Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 2 1859
7. AGE YEARS 78 MONTHS 1 DAYS 8 If LESS than 1 day, hrs. or min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer - Work
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sourville Ill

FATHER 13. NAME Dr. James Anderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Covington Ind

MOTHER 15. MAIDEN NAME Susan Blair

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shawles Ind

17. INFORMANT H. M. Anderson (ADDRESS) Belleville Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem DATE April 11th 1938

19. FUNERAL DIRECTOR J. F. Dillmeyer (ADDRESS) St. Charles Mo

20. FILED 4/9 1938 L. Lawrence B. Hessler Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9th 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr. 5 1938 to Apr. 9 1938

I last saw him alive on April 9 1938 Death is said

to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Apoplexy
82 yr.
Date of onset Sudden
1 Hour

Other contributory causes of importance: High Blood pressure

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) T. L. Hardin, M. D.

(Address) St. Charles, Mo.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)