

No. 2  
4-13-40  
5-17-39  
I X23159

Registration District No. **791**

Primary Registration District No. \_\_\_\_\_

Registrar's No. **4998**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution:  
**3116 a School Street /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community **21 yrs.**  
years, months or days)

3. (a) PRINT FULL NAME **Sarah Anderson**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. **None**

4. Sex **F. ♀**  
5. Color or race **Col.**

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

6. (b) Name of husband or wife **Alkind Anderson**

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

7. Birth date of deceased **Feb. 12, 1865**  
(Month) (Day) (Year)

8. AGE: Years **76** Months **5** Days **1**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Richmond, Va /**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Unemployed**

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

MOTHER FATHER {  
12. Name **? Crockett**  
13. Birthplace **Richmond, Va. /**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown 9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Eugene Anderson**  
(b) Address **3116 a School St.**

17. (a) **Burial** (b) Date thereof **6-18-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Washington Park**

18. (a) Signature of funeral director **Dement & Son**

(b) Address **2629-31 Cole Street**

19. (a) **JUN 18 1941** (b) **J. W. Brudeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis,** **1721**  
(If outside city or town limits, write "RURAL") **9**  
(d) Street No. **3116a School Street**  
(If rural, give location) **0**  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JUNE** day **13**  
year **1941** hour **11** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **JUNE 11**, 19**41**, to **JUNE 13**, 19**41**  
that I last saw her alive on **JUNE 11**, 19**41**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **CEREBRAL HEMORRHAGE**

Due to \_\_\_\_\_ **3 days**  
Duration

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy **h a r**  
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)  
(c) Means of injury \_\_\_\_\_  
23. Signature **W. H. Clark** (M. D. or other)  
Address **2748a FRANKLIN** Date signed **6-17-41**

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

**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.....

.....  
working under my personal supervision.

.....  
Registered Apprentice No. ....

Signed.....

.....  
Licensed Embalmer No. *2963*

P. O. Address *2915 Franklin*

**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.**