

No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23642**
Registrar's No. **5984**

FILLED AUG 28 1941 91

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. _____

00
17
9

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis**

(c) Name of hospital or institution: **Christian Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

(c) City or town **Jennings**
(If outside city or town limits, write "RURAL")

(d) Street No. **8723 College Ave**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Fredrick Lee Anderson A**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **21**
year **1941** hour **3** minute **30** pm M.

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 **July 18th 1941**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 16th** 1941 to **July 21st** 1941 and that death occurred on the date and hour stated above.

that I last saw h **im** alive on **July 20th** 1941.

8. AGE: Years **0** Months **0** Days **5**
If less than one day _____ hr. _____ min.

Immediate cause of death **Prematurity (6 1/2 mos)**

Duration _____

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name **Roy Anderson**

13. Birthplace **Fulton ky**

14. Maiden name **Maggie McClure** (State or foreign country)

15. Birthplace **Ky** (City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Roy Anderson**

(b) Address **8723 College Ave**

17. (a) **Burial** (b) Date thereof **7-22-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fulton Ky**

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? _____

18. (a) Signature of funeral director **Stroot - Carroll**

(b) Address **4600 Natural Bridge Ave**

19. (a) **JUL 22 1941** (b) **Jeff Bredeck**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature **Clyde E Kane** (M. D. or other) **MMO**
Address **4675 Menberry** Date signed **9/2/41**

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.....

F. H. Stuart

Licensed Embalmer No. *2265*

P. O. Address.....

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.