No. 2
11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29847

Registration District No. 7941 Primary Registration District No. 1003 Registrar's No. 7186

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3124 Laclede
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 30 years
years, months or days)

3. (a) PRINT FULL NAME Carrie Anderson

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Fem'l

5. Color or race Cold

6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife John Marion

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

Birth date of deceased June (Month) 21 (Day) 1886 (Year)

8. AGE: Years 35 Months 2 Days 10 If less than one day hr. min.

9. Birthplace Miss. (City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business —

MOTHER · FATHER

12. Name Robert Milton

13. Birthplace Miss (City, town, or county) (State or foreign country)

14. Maiden name Anna Jones

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

16. (a) Informant Alice Anderson

(b) Address 4318a Laclede Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/5/41 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Harrison

(b) Address 2906 Lawton

19. (a) SEP 5 1941 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 600

(c) City or town St. Louis 18 17
(If outside city or town limits write "RURAL")

(d) Street No. 3124 Laclede
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1
year 1941 hour 11 minute 10 a. M.

21. I hereby certify that I attended the deceased from Aug 10, 1941, to Sept 1, 1941, that I last saw her alive on ~~Sept~~ Aug 30, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gastric Ulcer	1 year
Due to Pelvic Tumor	2 yrs
Due to non malignant	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 L. S. Jones (M. D. or other)
Address 3612 A Jefferson Date signed 9/12/41

(Licensed Embalmer's Statement on Reverse Side)

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

S 32

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: Jas. H. Harrison

Licensed Embalmer No. 760

P. O. Address 2906 Lawton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.