

STANDARD CERTIFICATE OF DEATH

30275

State File No.

Registrar's No.

7614

Registration District No. **791**

Primary Registration District No. **1003**

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:
3915 Lee Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether)
In this community 23 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 10 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3915 Lee Ave 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Charles W. Anderson

3. (b) If veteran, name war

None

3. (c) Social Security No.

489-18-8905

4. Sex

Male

5. Color or race

White

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

Married

6. (b) Name of husband or wife

Louise

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

63 years

7. Birth date of deceased

December 15, 1871

(Month) (Day) (Year)

8. AGE:

Years 69

Months 9

Days 4

If less than one day

hr. min.

9. Birthplace

Not known

Sweden

(City, town, or county)

(State or foreign country)

10. Usual occupation

Engineer

11. Industry or business

Falstaff Brewery

MOTHER FATHER { 12. Name

Lawrence Anderson

13. Birthplace

Not known

Sweden

(City, town, or county)

(State or foreign country)

14. Maiden name

Unknown

15. Birthplace

Not known

Sweden

(City, town, or county)

(State or foreign country)

16. (a) Informant

Louise Anderson

(b) Address

3915 Lee Ave

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

9/22/41

(Month) (Day) (Year)

(c) Place: burial or cremation

Lake Charles Burial

18. (a) Signature of funeral director

Math Hermann & Son

(b) Address

2161 East Fair Ave

19. (a)

SEP 22 1941

(b)

Q. J. Buddeck

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 19th
year 1941 hour 11:30 AM minute _____ M.

21. I hereby certify that I attended the deceased from Aug. 9 1941 to Sept. 19 1941
that I last saw him alive on Sept. 19 1941
and the death occurred on the date and hour stated above.

Immediately cause of death: Pulmonary Embolism

Due to _____
Due to _____

Other conditions: Thrombophlebitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 110

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? ark

While at work? _____ (Specify type of place) _____
Means of injury _____
23. Signature Charles W. Anderson (M. D. or other) M. D.
Address 3915 Lee Date signed 9/22/41

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Leonard Hampton

Licensed Embalmer No. *2967*

P. O. Address *St. Louis, 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.