No. 2
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X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8219

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2478

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: at Homer Phillips Hosp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 25.000

(c) City or town St Louis Mo (If outside city or town limits, write "RURAL")

(d) Street No. 1305 North 11th Street (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME John Anderson

3. (b) If veteran, name war World War

3. (c) Social Security No. unk

4. Sex Male

5. Color or race Col

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov 5th (Month) 1887 (Day) (Year)

8. AGE: Years 54 Months 4 Days 10 If less than one day hr. min.

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

10. Usual occupation Labor

11. Industry or business

MOTHER FATHER

12. Name March Anderson

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

14. Maiden name Laura Walker

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

16. (a) Informant Willie Mae Anderson

(b) Address 1511a No 14th St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-42 (Month) (Day) (Year)

(c) Place: burial or cremation National Memorial Park

18. (a) Signature of funeral director J. H. Randle & Son

(b) Address 3133 Bee ave

19. (a) MAR 19 1942 (Date received local registrar) (b) J. F. Beckert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 15th year 1942 hour 7:26 minute A. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage from laceration of liver & rt lung, when he was struck

Duration

Due to by an automobile driver unknown which did not stop in front of

Due to about 1225 N. 12th St about 10:50 P.M. March 14 1942

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) Criminal Carelessness

(b) Date of occurrence March 14 1942

(c) Where did injury occur? St Louis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Public Place (Specify type of place)

While at work? (e) Means of injury

23. Signature Alfred J. Serra (M. D. or other)

Address Lefferson Jackson Date signed 3/19/42

X 44 (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.