

No. 2
-13-40
-17-39
K 23159

FILED APR 8 1942 791

State File No. _____
Registrar's No. 2289

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1321 Ripple
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution _____
Em Route City Hosp #1 (Specify whether in this community, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 1321 Ripple
(If rural, give location)

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

3. (a) PRINT FULL NAME Minor J. Anderson

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Clara Anderson

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased May 5, 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>10</u>	<u>4</u>	hr. min.

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

10. Usual occupation Horse Shoer

11. Industry or business _____

MOTHER FATHER { 12. Name Ben Anderson

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

14. Maiden name Martha Ewain

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

16. (a) Informant Charles Anderson

(b) Address 1321 Ripple

17. (a) Burial (b) Date thereof 2-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director Charles Anderson

(b) Address 1722 So Jefferson Ave

19. (a) MAR 13 1942 (b) J. P. Prudek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 9
year 1942 hour 2 minute 30 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
Coronary Sclerosis
Arterio Sclerosis
Myocardial Infarction

Due to _____

Other conditions (Include pregnancy within 8 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? _____

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

23. Signature Charles Anderson (M. D. or other) _____
Address _____ Date signed 3/13/42

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.....

Licensed Embalmer No.....

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.