

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14663

State File No.

FILED MAY 16 1942

Registration District No. 420

Primary Registration District No. 5574

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town VICTORIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 years (Specify whether years, months or days)
In this community 3 years

3. (a) PRINT FULL NAME MARY ANDERSON

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, WIDOWED
6. (b) Name of husband or wife Edgar W. Anderson 6. (c) Age of husband or wife if alive deceased
7. Birth date of deceased Nov 29 1870
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name JOHN SIMPSON
13. Birthplace ILL
(City, town, or county) (State or foreign country)
14. Maiden name YSABEL MCKEE
15. Birthplace ILL
(City, town, or county) (State or foreign country)

16. (a) Informant Gladys Hammer
(b) Address VICTORIA

17. (a) BURIAL (b) Date thereof APR 29-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oddfellow's Cem

18. (a) Signature of funeral director Jos. P. Zander
(b) Address 7128 Michigan Ave St Louis

19. 4-30-42 (b) Fern Spencer
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jefferson
(c) City or town VICTORIA 5
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR day 26
year 1942 hour 8 minute 40 P.M.

21. I hereby certify that I attended the deceased from April 1 1942 to April 8 1942
that I last saw him alive on April 8 1942
and that death occurred on the date and hour stated above

Immediate cause of death Lobar Pneumonia
Duration 8 days

Due to
Due to

Other conditions 10
(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?

While at (State type of place) Means of injury

23. Signature Walter S. Shroy (M. D. or other)
Address 401 S. 5th St - St Louis Date signed 4-29

(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. *925*

P. O. Address *St. Louis*

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.