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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1942

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22204

Primary Registration District No. 200

Registrar's No. 1474

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town KOCH, MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ROBERT KOCH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 116 DAYS (Specify whether
In this community SAME
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MISSOURI (b) County — 17

(c) City or town ST. LOUIS 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4049 A ENRIGHT
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME CHARLES ANDERSON

3. (b) If veteran, name war —

3. (c) Social Security No. YES ?

4. Sex MALE

5. Color or race NEGRO

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

6. (b) Name of husband or wife MARY ANDERSON

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

7. Birth date of deceased FEBRUARY 28, 1901
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	41	4	8	hr. min.

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

10. Usual occupation MECHANIC, SAND BLASTER

11. Industry or business OWNED REPAIR SHOP

FATHER
12. Name LORD ANDERSON
13. Birthplace (City, town, or county) MICHIGAN (State or foreign country)

MOTHER
14. Maiden name REBECCAH JACKSON
15. Birthplace ? (City, town, or county) ? (State or foreign country)

16. (a) Informant ~~RA~~ CHARLES ANDERSON

(b) Address 4049 A ENRIGHT

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/1942 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Ave. St. Louis.

19. (a) JUL 8 - 1942 (Date received local registrar) (b) C. G. McGuran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 6
year 1942 hour 2 ~~25~~ minute 25 P.M.

21. I hereby certify that I attended the deceased from ~~FEBRUARY~~ MARCH 10, 1942 to JULY 6, 1942
that I last saw him alive on JULY 6, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
PULMONARY TUBERCULOSIS	2 1/3 YRS?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ?

Of autopsy PULMONARY TUBERCULOSIS
INTESTINAL TUBERCULOSIS

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 [signature] (M. D. ~~or other~~)

Address Koch Hosp. Koch Mo Date signed 7/7/42

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(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

James A. Johnson, Registered Apprentice No.

working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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.