No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 27 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25212

Registration District No. 784 Primary Registration District No. 117 Registrar's No. 1533

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

1. PLACE OF DEATH:

(a) County ST LOUIS

(b) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5 E MOODY 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 43 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")

(d) Street No. 5 EAST MOODY AVE.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 59 YRS 0 years.

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3. (a) PRINT FULL NAME MARIE JOHANNE ANDERSEN

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife PETER W. ANDERSEN

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

7. Birth date of deceased AUGUST (Month) 30 (Day) 1872 (Year)

8. AGE: Years 69 Months 10 Days 15 If less than one day — hr. — min.

9. Birthplace REJNSTRUP (City, town, or county) DENMARK (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business —

MOTHER FATHER
12. Name UNKNOWN JENSEN
13. Birthplace UNKNOWN (City, town, or county) DENMARK (State or foreign country)
14. Maiden name FREDERIKKE UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) DENMARK (State or foreign country)

16. (a) Informant Dorothy Anderson

(b) Address 5 E. MOODY AVE, WEBSTER GROVES

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY (Month) 17 (Day) 1942 (Year)

(c) Place: burial or cremation OAK HILL CEMETERY

18. (a) Signature of funeral director Parker Und Co

(b) Address WEBSTER GROVES MO.

19. (a) JUL 17 1942 (Date received local registrar) (b) C. G. McGarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1942 hour 5 minute 45 A. M.

21. I hereby certify that I attended the deceased from July 8 - 1942, 19__ to July 15, 1942 that I last saw her alive on July 10, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	1 hour
Due to Cardio vascular disease	6 Mo
Due to	
Other conditions Hypertrophic osteo arthritis (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 19 E Loepwood Date signed 7/17/42

(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 L. C. Aldrich

Licensed Embalmer No. 1332

P. O. Address Webster Grove

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.