

FILED SEP 1 1942

Registration District No. **818** Primary Registration District No. **1003**

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

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:  
Homer Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 mo. 11 days  
(Specify whether  
In this community 17 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis, Mo. 17  
(If outside city or town limits, write "RURAL") 9 21  
(d) Street No. 1011 Elliott St.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME Ethel Anderson

3. (b) If veteran, name war None 3. (c) Social Security No. none

4. Sex Female 5. Color or race col 6. (a) Single, widowed, married. Married  
6. (b) Name of husband or wife. James Anderson 6. (c) Age of husband or wife if alive 34 years  
7. Birth date of deceased. 1910  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
About 32 hr. min.

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

10. Usual occupation Housework

11. Industry or business

12. Name Robert Wethers

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

14. Maiden name Unknown

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

16. (a) Informant James Anderson  
(b) Address 1011 Elliot Ave

17. (a) Buriel (b) Date thereof Aug 26-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director. J.W. Hughes

(b) Address 2620 Lawton Blvd

19. (a) AUG 25 1942 (b) J. P. Probeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21,  
year 1942 hour 4 minute 03 P.M.

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

Immediate cause of death. Pulmonary Tuberculosis 2 1/2 mos.

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

Duration

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)  
(e) Means of injury 0

23. Signature Alva Moore (M. D.)

Address 2601 Whittier Date signed 8/24/42

do not

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**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.....

*Lydia Hughes*

Licensed Embalmer No. *2938*

P. O. Address.....

*St Louis mo*

**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.**