S. No. 2
M—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31690

Registration District No. 318

Primary Registration District No. 100

Registrar's No. 9063

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Missouri Baptist O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 Days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000 6 17 6 9

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

(d) Street No. 4833 LaBADIE AVE (If rural, give location)

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

If yes, name country O

3. (a) PRINT FULL NAME LEO PAUL ANDERSON

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased Oct (Month) 18 (Day) 1942 (Year)

8. AGE: Years | Months | Days 11 | If less than one day hr. min.

9. Birthplace St LOUIS (City, town, or county) Mo O (State or foreign country)

10. Usual occupation NONE

11. Industry or business —

FATHER
12. Name LEO S ANDERSON
13. Birthplace PEORIO (City, town, or county) ILL (State or foreign country)

MOTHER
14. Maiden name MARGARET COOK
15. Birthplace SPRINGFIELD (City, town, or county) ILL (State or foreign country)

16. (a) Informant Leo S Anderson

(b) Address 4833 Labadie

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 31 1942 (Month) (Day) (Year)

(c) Place: burial or cremation LAKE CHARLES

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

(b) Address 3710 N Grand Blv.

19. (a) OCT 30 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29 year 1942 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Oct 18, 1942 to Oct 29, 1942 that I last saw h— alive on Oct 29, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchio-pneumonia — Duration 5 hours

Due to Atelectasis

Due to Premature infant at 8 mo.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

159

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 O

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

Address 705 Olive St Louis Mo Date signed 10/30/42

(Licensed Embalmer's Statement on Reverse Side)

E.M. Snyder
705 Olive
12-4

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 me

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand B

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.