V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 21 1942

Registration District No. 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 38427

Registrar's No. 10293

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Pacific Hospital, O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 days, (Specify whether years, months or days)
In this community 44 Years,

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County 12000
(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 17
(d) Street No. 5097 Westminster Place, (If rural, give location) 9
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME Felix Anderson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Currie M. Anderson,

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased January 23, 1869, (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	10	16	hr. min.

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

10. Usual occupation Retired general ticket agent

11. Industry or business Terminal R. R. Ass'n,

MOTHER FATHER

12. Name Jerome B. Anderson,

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

14. Maiden name Emily Betts,

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

16. (a) Informant Mrs. F. E. Anderson

(b) Address 5097 Westminster Place,

17. (a) removal, (Burial, cremation, or removal) (b) Date thereof 12/10/42 (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Kentucky.

18. (a) Signature of funeral director Wagoner Und. Co.,

(b) Address 3621 Olive St.

19. (a) DEC 10 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9 year 1942 hour 7 minute 20 A. M.

21. I hereby certify that I attended the deceased from Nov 19, 1942, to Dec 9, 1942, that I last saw h. alive on Dec 9, 1942, and that death occurred on the on the date and hour stated above.

Immediate cause of death Coronary occlusion — Duration

Due to Generalized arteriosclerosis — Duration

Due to Ch. nephritis — Duration

Other conditions (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 [illegible] (M. D. or other) MD

Address [illegible] Date signed 12-8-42

(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 Melvin L. Kemper

Licensed Embalmer No. 4052

P. O. Address 4005 Lexington

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.