

S. No. 2
M-5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3871

FILED MAR 2 1943 318

State File No. _____
Registrar's No. 1748

Registration District No. _____ Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County Mo
(b) City or town St. Louis
(c) Name of hospital or institution: 1311 - N - 9th ST
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 7 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Mo
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1311 - N - 9th ST.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Tallies Anderson
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 19
year 1943 hour 9:00 A M minute _____ M.
21. I hereby certify that I attended the deceased from June 31st 1943 to July 19th 1943
that I last saw him alive on July 19th 1943
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Robert Anderson
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased: Oct. 20 1882
(Month) (Day) (Year)

Immediate cause of death: Cerebral hemorrhage
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 8/3
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years 60 Months 09 Days 29
If less than one day _____ hr. _____ min.

9. Birthplace Gipson Co. Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Bob Kieckerson

13. Birthplace Gipson Co. Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Mary Dadd

15. Birthplace Gipson Co. Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Anderson

(b) Address 1311 - N - 9th St.

17. (a) BURIAL (b) Date thereof 2-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

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

(b) Address 4059 Finney Ave

19. (a) FEB 23 1943 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

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 _____
23. Signature [Signature] (M. D. or other) _____
Address 823 N. 16th St. Date signed 2/20/43

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 William C. McDowell, Registered Apprentice No. _____
working under my personal supervision.

Signed William C. McDowell
Licensed Embalmer No. 2814

P. O. Address _____

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.