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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **3969**

FILED MAY 7 1943
Registration District No. **318**

Primary Registration District No. **1003**

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

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:
De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month
(Specify whether years, months or days)

In this community 36 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 1321 Sublette
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EFFIE BELLE ANDERSON

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife James 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 1st 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>2</u>	<u>24</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Home

MOTHER { 12. Name John Chamber

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

14. Maiden name Louisa Newell

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

16. (a) Informant Richard Anderson

(b) Address 4253a Hartford

17. (a) Burial (b) Date thereof Apr. 29th 43.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newburg, Missouri

18. (a) Signature of funeral director A. H. M. Laughlin

(b) Address 2301 Lafayette Ave

19. (a) APR 28 1943 (b) J. F. Pradeak
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th
year 1943 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 24
1943 to April 25 1943
that I last saw her alive on April 24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage
Hypertension Heart Disease

Due to _____

Due to _____

Other conditions Right Hemiplegia
(Include pregnancy within months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

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? _____

23. Signature Robert J. Farrell (M. D. or _____)
24 N. Union Date signed 4/28/43

While at work? _____ (Specify type of place)
(c) Means of injury _____

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.R. Cooper

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette St*

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.