

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9350

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Jewish Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 14 Days  
In this community 2 Years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Anderson, Clyde

3. (b) If veteran, name war None 3. (c) Social Security No. 495-16-4275

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 July 15 1922  
(Month) (Day) (Year)

8. AGE: Years 21 Months 3 Days 8 If less than one day .hr. .min.

9. Birthplace Dunklin Co., Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business

12. Name Charles Anderson

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

14. Maiden name Pearl Jones

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

16. (a) Informant Opal Diamond

(b) Address 1113 Chambers Str

17. (a) Removal (b) Date thereof 10/25/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gray Ridge, Mo.

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand Blvd.

19. (a) OCT 25 1943 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 9 26  
(d) Street No. 1113 Chambers Str.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24 23  
year 1943 hour 12<sup>40</sup> minute a. M.

21. I hereby certify that I attended the deceased from Oct 9  
1943, to Oct 24 1943  
that I last saw h. Oct 23 alive on Oct 23, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute pulmonary edema Duration 12 hrs  
Rheumatic heart disease & mitral stenosis 2 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 97

Of autopsy mitral stenosis - Acute pulm. edema

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 Joe Hineburg (M. D. or other) \_\_\_\_\_

Address Jurist Club, St. Louis Date signed Oct 28/43

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

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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.....

*Frank A. Moore*

Licensed Embalmer No.....

*3041*

P. O. Address.....

*2117 E. Grand*

**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.**