

Registration District No. 318 Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
 (b) City or town City of St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
539 Calvary Avenue /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 12 years
years, months or days)

3. (a) PRINT FULL NAME James L. 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 Feb. 8 1931
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|----------|----------------------|
| | <u>12</u> | <u>10</u> | <u>5</u> | hr. _____ min. |

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

12. Name Raymond L. Anderson

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

14. Maiden name Norma Beller

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

16. (a) Informant Mr. Raymond Anderson

(b) Address 539 Calvary Avenue

17. (a) burial (b) Date thereof 12-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 So. Grand

19. (a) DEC 14 1943 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town City of St. Louis 128
(If outside city or town limits, write "RURAL") 98
 (d) Street No. 539 Calvary Avenue
(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 DECEMBER day 12th
 year 1943 hour 12 minute 10 A. M.

21. I hereby certify that I attended the deceased from DECEMBER 2
1943 to DECEMBER 11, 1943
 that I last saw him alive on DECEMBER 11, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death ACUTE CHOLECYSTITIS

Duration
48 HOURS

Due to INFLUENZA

Due to _____

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? _____

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

23. Signature J. F. Budick (M. D. or other) _____
 Address 8548 Church Road Date signed 12/13/43

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

MOTHER, FATHER

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

Fred L. Beaman

Licensed Embalmer No.

4018

P. O. Address

St. Louis, Mo.

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. .