

FILED DEC 22 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10600

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Homer G. Phillips Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 days  
 In this community Unknown (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. 7 So. 23rd  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. 1 years.

3. (a) PRINT FULL NAME Walter Anderson

8. (b) If veteran, name war none 8. (c) Social Security No. none

4. Sex Male 5. Color or race Colored 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 October 17, 1881  
 (Month) (Day) (Year)

8. AGE: Years 62 Months 1 Days 15 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business Construction work

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant's own signature Flora Anderson

(b) Address 7 So. Twenty Third

17. (a) Removal (b) Date that of Dec 5 43  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Exp. House #11

18. (a) Signature of funeral director J. F. Bradish

(b) Address 2205 N. 4th St. St. Louis, Mo.

19. (a) DEC 6 1943 (b) J. F. Bradish  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2,  
 year 1943 hour 1 minute 05 M.

21. I hereby certify that I attended the deceased from November 30,  
 1943, to December 2, 1943

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Oral Pharynx, Carcinoma (Autopsy)  
Coronary Sclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature J. P. Versalle (M. D. or other) \_\_\_\_\_

Address 2601 Whittier Date signed 12/3/43

Duration  
Unk.  
Unk.

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

W. H. & L. B. CO. CHICAGO, ILL. MAKE A PERMANENT RECORD

I 1931

**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Ben H. Baldwin

Licensed Embalmer No. 242015

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, above space should be left blank.**