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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1944
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 205

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
In this community 35 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 4226 W. N. Market (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Pauline Anderson
3. (b) If veteran, name war. No. 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 6, year 1944 hour 12 minute 00 P. M.
21. I hereby certify that I attended the deceased from December 29, 1943 to January 6, 1944.
That I last saw her alive on January 6, 1944 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Col.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lee Anderson 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased June 22 1888
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration 1 week
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

8. AGE: Years 55 Months 6 Days 14 If less than one day hr. min.
9. Birthplace Columbia Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife
11. Industry or business
12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Hannah Montgomery
15. Birthplace Mo
(City, town, or county) (State or foreign country)

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. Bruneau (M. D. or other)
Address Shoemaker Date signed 1/7/44

16. (a) Informant Lee Anderson
(b) Address 4226 W. N. Market St.
17. (a) Removal (b) Date thereof 1-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sedalia Mo.
18. (a) Signature of funeral director McDowell
(b) Address 1711 N. Taylor Ave
19. (a) JAN 8 1944 (Date received by local registrar) J. F. Bruneau (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

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. 2114.....

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.