

FILED MAR 13 1944

Registration District No. 318

Primary Registration District No. 1006

Registrar's No. 2071

1. PLACE OF DEATH:  
 (a) County St. Louis Mo  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 4262<sup>a</sup> Finney  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 15 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MISSOURI (b) County 17  
 (c) City or town St. Louis (If outside city or town limits, write "RURAL") 911  
 (d) Street No. 4262<sup>a</sup> Finney Ave (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME LILLIE Jackson Anderson  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 5. Color or Trace Negro 6. (a) Single, widowed, married, divorced 3  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Nov 7 1908 (Month) (Day) (Year)

8. AGE: Years 35 Months 3 Days 18 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Lauston Miss (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Dave Williams

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

14. Maiden name Annie Tucker

15. Birthplace New Orleans La (City, town, or county) (State or foreign country)

16. (a) Informant Annie Anderson

(b) Address 3307 Helmar Blvd.

17. (a) Burial (b) Date thereof 3-2-44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Walter Biss

(b) Address 3644<sup>a</sup> Finney Ave

19. (a) MAR 2 1944 (Date received local registrar) (1944) J. J. Bealick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24 year 1944 hour 4 minute 10 P. M.  
 21. I hereby certify that I attended the deceased from 18 1944, to Feb 24 1944  
 that I last saw her alive on Feb 24 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia 2 wks. Duration

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

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

Other conditions (Include pregnancy within 3 months of death) 10-17

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 Lean Anderson (M.D. or other) \_\_\_\_\_

Address 4069<sup>a</sup> Easton St. Louis Date signed 2/25/44

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

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.....

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

Signed Ronald V. Jellison

Licensed Embalmer No. 2842

P. O. Address 3644 Emory

**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.**