

S. No. 2
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 v. 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED APR 15 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11977

State File No. _____
 Registrar's No. 851

Registration District No. 377

Primary Registration District No. 6076

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

1. PLACE OF DEATH:
 (a) County St. Louis.
 (b) City or town Pine Lawn, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4708 Jennings Road.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis.
 (c) City or town Pine Lawn.
(If outside city or town limits, write "RURAL")
 (d) Street No. 4708 Jennings Road.
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country Naturalized.

3. (a) PRINT FULL NAME James Carl Anderson.
 3. (b) If veteran, name war None
 3. (c) Social Security No. None.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 8
 year 1944 hour 6 minute A M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married.
 6. (b) Name of husband or wife Bertha Anderson.
 6. (c) Age of husband or wife if alive 64 years
 7. Birth date of deceased April 14 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 207 75 1943 to April 8 1944
 that I last saw him alive on April 8 1944
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
66 11 24 hr. min.

Immediate cause of death Chronic coronary artery disease 8 mo
 Duration

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

Due to Chronic myeloid 2

10. Usual occupation Salesman.

Due to Hypertension 2
arteriosclerosis.

11. Industry or business Insolated Brick & V-Neer.

Other conditions _____
(Include pregnancy within 3 months of death)

12. Name Don't Know.

Major findings:
 Of operations _____
 Of autopsy _____

13. Birthplace Don't Know. Unknown
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.
1316

14. Maiden name Don't Know.

15. Birthplace Don't Know. Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Bertha Anderson.

(b) Address 4708 Jennings Road.

17. (a) Cremation. (b) Date thereof 4/10/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966 Easton Ave, St. Louis, MO

19. (a) APR 10 1944 (b) E. G. McHanan, M.D.
(Date received local registrar) (Registrar's signature)

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?
(Specify type of place)

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

23. Signature E. G. McHanan or other _____

Address 6673 Lullwater Date signed 4-10-44

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 *Ben Hoffman*.....

Licensed Embalmer No. *14366*.....

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.