. S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 20 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12504

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3236

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DePaul Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17 9

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 1124 Linton Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mattie E. Anderson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mel Anderson

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased August 5, 1891
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
52	8	0	hr. min.

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

10. Usual occupation At home

11. Industry or business

FATHER
12. Name James M. Hauser
13. Birthplace Unknown (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Zora Belle McClelland
15. Birthplace Unknown (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Mel Anderson
(b) Address 1124 Linton Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/44 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Lebanon Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) APR 7 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th, year 1944 hour 8:30 PM minute M.

21. I hereby certify that I attended the deceased from Aug 13, 1943, 19, to April 5, 1944; that I last saw her alive on April 5, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Cancer of Uterus	
Due to	9 mo.
Due to	
Other conditions Metastasis (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature John A. Hartwig (M. D. or other) MD

Address 2807 N. Grand Date signed 4/6/44

(Licensed Embalmer's Statement on Reverse Side)

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 William G Buchholz

Licensed Embalmer No. 2110

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.