

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4569**

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:
VISITATION CONVENT 5448 CABANNE AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County.....
(c) City or town **ST. LOUIS MO AVE**
(If outside city or town limits, write "RURAL")
(d) Street No. **5448 CABANNE AVE**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **SISTER MARY WINEFRIDE ANDERSON**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **FEMALE** 5. Color or race **WHITE** 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 **OCT 6 1864**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 7 11 hr. min.

9. Birthplace **NORMANDY MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **RELIGIOUS**

11. Industry or business.....

MOTHER FATHER { 12. Name **DAVID L. ANDERSON**
13. Birthplace **ILLINOIS**
(City, town, or county) (State or foreign country)
14. Maiden name **ELIZABETH A. BARRY**
15. Birthplace **MO**
(City, town, or county) (State or foreign country)

16. (a) Informant **SISTER M. CELESTINE LYNCH**

(b) Address **5448 CABANNE AVE**

17. (a) **BURIAL** (b) Date thereof **5-18-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY SEMETERY**

18. (e) Signature of funeral director **Arthur J. Hornelly**

(b) Address **3840 Rudell Blvd**

19. (a) **MAY 17 1944** (b) **J. J. Bredek**
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month **MAY** day **17**
year **1944** hour **1** minute **30** P. M.

21. I hereby certify that I attended the deceased from **June 1943**
to **May 17 1944**
that I last saw her alive on **May 16 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of the urinary bladder
Due to.....
Due to.....
Other conditions (Includes pregnancy within 3 months of death) **52**

Duration

9 Months

PHYSICIAN

Major findings:
Of operations.....
Of autopsy.....
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 **Augustus P. Muesel** (M. D. or other)
Address **306 Humboldt Bldg** Date signed **May 17 1944**

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

W. H. Van Matre
2825 Lafayette

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 W. H. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.