S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 31 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22797

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6442

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: Peoples Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4days (Specify whether years, months or days)
In this community 9 months

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 17
(c) City or town St Louis 922
(If outside city or town limits, write "RURAL")
(d) Street No. 1033 Armstrong Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Percilla Anderson
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race Col. 3
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Dave Anderson
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Sept. (Month) 9th (Day) 1906 (Year)

8. AGE: Years 37 Months 10 Days 11 If less than one day hr. min.

9. Birthplace Jorner (City, town, or county) Ark. (State or foreign country) 1
10. Usual occupation Domestic
11. Industry or business
FATHER
12. Name Filmore Nash
13. Birthplace Galaway (City, town, or county) Tenn (State or foreign country) 1
MOTHER
14. Maiden name Dora Cox
15. Birthplace Galaway (City, town, or county) Tenn (State or foreign country) 1
16. (a) Informant Dave Anderson
(b) Address 1033 Armstrong Ave.
17. (a) Removl (Burial, cremation, or removal) (b) Date thereof 7-22-44 (Month) (Day) (Year)
(c) Place: burial or cremation Marked Tree Ark.
18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St
19. (a) JUL 21 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 20 year 1944 hour 7:45 A. M.
21. I hereby certify that I attended the deceased from July 7th, 1944 to July 20th, 1944 that I last saw h.er alive on July 20, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Cardiac Dilatation	3 Hours
Due to: Acute Myeloblastic Leukemia	13 days
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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

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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? Means of injury
23. Signature A. E. Hale 0 (M. D. or other)
Address 822 N. Jefferson Date signed 7/20/44

(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 L Boyd

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

Signed Lonnie Boyd

Licensed Embalmer No. 2946

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.