

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 31 1944

Registration District No.

318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

1003

State File No.

22800

Registrar's No.

6462

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:
St. Luke's Hospital
 (If not in hospital or institution, write street number or location)
47 days
 (d) Length of stay: In hospital or institution..... (Specify whether
67 years
 In this community.....
 years, months or days)

3. (a) PRINT FULL NAME William Anderson3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Martha Anderson 6. (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased Feb. 11 1866
 (Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 11 If less than one day hr. min.9. Birthplace New York (City, town, or county) (State or foreign country)10. Usual occupation none

11. Industry or business

12. Name unknown13. Birthplace unknown (City, town, or county) (State or foreign country)14. Maiden name Mary Darker (City, town, or county) (State or foreign country)15. Birthplace unknown (City, town, or county) (State or foreign country)16. (a) Informant Mrs. Martha Anderson(b) Address 1307r Clinton St.17. (a) Burial (b) Date thereof 7-24-44
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Oak Grove Cemetery Hy. Leidner U. Co.(a) Signature of funeral director 2223 St. Louis Ave(b) Address J. J. Bredeck19. (a) JUL 23 1944 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

000
 (a) State Missouri (b) County 12
 (c) City or town St. Louis (If outside city or town limits, write "RURAL") 926
 (d) Street No. 1307r Clinton St. (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 year 1944 hour 12 minute 45 P.M.21. I hereby certify that I attended the deceased from June 5 1944 to July 22 1944 that I last saw him alive on July 22 1944 and that death occurred on the date and hour stated above.Immediate cause of death Acute Cardiac Failure Duration 12 hrsDue to multiple Abscesses of Both Lungs - non-tubercularDue to Operation for Benign Prostatic Hypertrophy

Other conditions (Include pregnancy within 3 months of death)

Major findings: Benign Prostatic Hypertrophy PHYSICIANOf operations Multiple Abscesses of the Lungs Underline the cause to which death should be charged statistically.

22. If death was due to external cause, 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 023. Signature H. J. Bredeck (M.D. or other).....Address 5535 Delmar Date signed 7-22-44

(Licensed Embalmer's Statement on Reverse Side)

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 John P. Buchholz
Licensed Embalmer No. 1674
P. O. Address 2223 St. Louis Ave

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.