V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1944

Registration District No. 818

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 26032

Registrar's No. 7349

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:
City Infirmary 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 year --5 days (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 912
(If outside city or town limits, write "RURAL")

(d) Street No. 5064 Vernon
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Agnes 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 0

6. (b) Name of husband or wife

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

7. Birth date of deceased March 11, 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69	5	11	hr. min.

9. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation — — —

11. Industry or business

FATHER
12. Name George Anderson
13. Birthplace St. Louis 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Meek
15. Birthplace St. Louis 0
(City, town, or county) (State or foreign country)

16. (a) Informant C. Hannon
(b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof 8 24 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wesleyan Cem

18. (a) Signature of funeral director Meek & Dickman
(b) Address 4355 Washington Blvd

19. (a) AUG 23 1944 (b) J F Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22
year 1944 hour minute 4:00 p.M.

21. I hereby certify that I attended the deceased from Aug. 17, 1943, 19, to Aug. 22, 1944, 19;
that I last saw her alive on Aug 21, 1944;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic heart disease	3 yrs.
Due to	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 Irvin A Sweetman M.D. (M. D. or other)
Address 5800 Arsenal Date signed 8-23-44

(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 Howard D. Rowland

Licensed Embalmer No. 3114

P. O. Address Athens 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.