

FILED SEP 18 1944

1003

Registration District No. 518

Primary Registration District No. \_\_\_\_\_

Registrar's No. 7811

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Little Sisters of the Poor  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. Little Sisters of the Poor  
(If rural, give location) North  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Onie L. Anderson

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced, Divorced

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 10, 1869  
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 30 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Mexico, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Collector retired

11. Industry or business \_\_\_\_\_

12. Name Rodney Anderson  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Natalie Anderson  
(b) Address 5123 Lexington Ave.

17. (a) Burial (b) Date thereof Sept 13, 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Bromschwig Und. Co.  
(b) Address 4746 West Florissant

19. (a) SEP 11 1944 (b) J. F. Bredeel  
(Date local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9  
year 44 hour 8:05 minute A. M.

21. I hereby certify that I attended the deceased from Aug 23 1944 to Sept 9 1944  
and that I last saw him im. alive on Sept 8 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration ???

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: None  
Of operations \_\_\_\_\_

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 \_\_\_\_\_

23. Signature Leonard H. Stolle (M. D. or other) \_\_\_\_\_  
Address 2302 Salisbury St Date signed 9-9-44

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

MOTHER FATHER

544

---

---

**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. Wilkinson*

Licensed Embalmer No. 3575

P. O. Address.....

**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.**