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 DEC 27 1944

# THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 39121

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10573

**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 Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (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. 412 Pine St. 25
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Alfred Anderson

3. (b) If veteran, name war Nil

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dora Anderson

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

7. Birth date of deceased September (Month) 26 (Day) 1901 (Year)

8. AGE: Years 43 Months 2 Days 13 If less than one day hr. min.

9. Birthplace Crocker (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Pipefitter

11. Industry or business

FATHER
12. Name John Anderson
13. Birthplace Crocker (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Rosa Newberry
15. Birthplace Maries County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Nellie Enyart
(b) Address 1428 S. 10th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-13-44 (Month) (Day) (Year)
(c) Place: burial or cremation Crocker, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) DEC 11 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 9
year 1944 hour 6:20 minute P. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Subarachnoid Hemorrhage of Brain, Oedema of Brain Lobar Pneumonia when he was found in the floor of death Cell 6° Floor of City Jail around 1:30 P.M.

Due to Dec. 7 1944 Cause and Manner of same Could not be determined

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1 95
Of autopsy 35

Duration

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) Gen Verdict
(b) Date of occurrence Dec. 7, 1944
(c) Where did injury occur? St Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? City Jail (Specify type of place)
While at work? (e) Means of injury As above

23. Signature Patrick E Taylor (M.D. or other) 13
Address Dep Cor Date signed 12/11/44

(Licensed Embalmer's Statement on Reverse Side)

JUN 10 1957

JAN 10 1945

FEB 5 1945

## 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 Agonoski

Licensed Embalmer No. 3398

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.**