

FILED JAN 5 1945 18

Registration District No.

Primary Registration District No.

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

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:  
6238 Oakland  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 60 Years  
years, months or days)

3. (a) PRINT FULL NAME Johanna Anderson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex female 5. Color or race White  
6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Birth date of deceased October 9th 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 2 10 hr. min.

9. Birthplace Sweden 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at Home

12. Name Unknown

13. Birthplace Unknown 14  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Inez Anderson Daughter

(b) Address 6238 Oakland

17. (a) Burial (b) Date thereof Dec 22 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Petz Bros

(b) Address 3029 Lafayette Ave

19. (a) DEC 21 1944 J. J. Bedeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6238 Oakland Ave  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19th 1944  
year 1944 hour 12:10 minute P M.

21. I hereby certify that I attended the deceased from Dec. 13, 1944, to Dec. 19, 1944.  
that I last saw him alive on Dec. 19, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Hemiplegia (left)  
Cerebral thrombosis

Due to \_\_\_\_\_  
Due to Sen. Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) 83

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Arthur Swallow (M. D. or other) M.D.  
Address 2202 University St. Date signed 12/20/44

**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

*Frank J. Quinn*

Licensed Embalmer No. *2245*

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.**