

FILED AUG 3 1945 STANDARD CERTIFICATE OF DEATH

State File No. **21624**  
Registrar's No. **6691**

Registration District No. **318** Primary Registration District No. **L 1003**

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:  
Missouri Baptist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 10 days  
In this community 0 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Harry V. Anderson  
(b) If veteran, name war no  
(c) Social Security No. 500-18-4111

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced single  
(b) Name of husband or wife.....  
(c) Age of husband or wife if alive 26 years  
7. Birth date of deceased. April 1870  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>3</u>	<u>2</u>	hr. mfn.

9. Birthplace Lisbon Ohio  
(City, town, or county) (State or foreign country)  
10. Usual occupation Bartender

11. Industry or business Eagle Packet Co  
12. Name Morgan Anderson  
13. Birthplace Lisbon Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Thomas  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry W. Leyhe  
(b) Address 405 West gate  
17. (a) Burial (b) Date thereof. July-31-  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lake Charles Burial Pk.

18. (a) Signature of funeral director A. Krow L & U. Co  
(b) Address 2707 N. Grand Blv'd  
19. (a) JUL 30 1945 (b) J. F. Brebeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 0000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 925  
(d) Street No. St. Regis Hotel - 421 N Broadway  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28  
year 1945 hour 3 minute 30 P.M.  
21. I hereby certify that I attended the deceased from 7-18-45, 19... to 7-28-45, 19...  
that I last saw h alive on 7-29-45, 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion  
Due to atherosclerosis  
Due to embolism  
Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 94  
Of autopsy no  
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) no  
(b) Date of occurrence no  
(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 0  
23. Signature R.R. Anderson (M. D. or other)  
Address 1329 Maryland Date signed PA

**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 Francis Williamson  
Licensed Embalmer No. 3565  
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.**